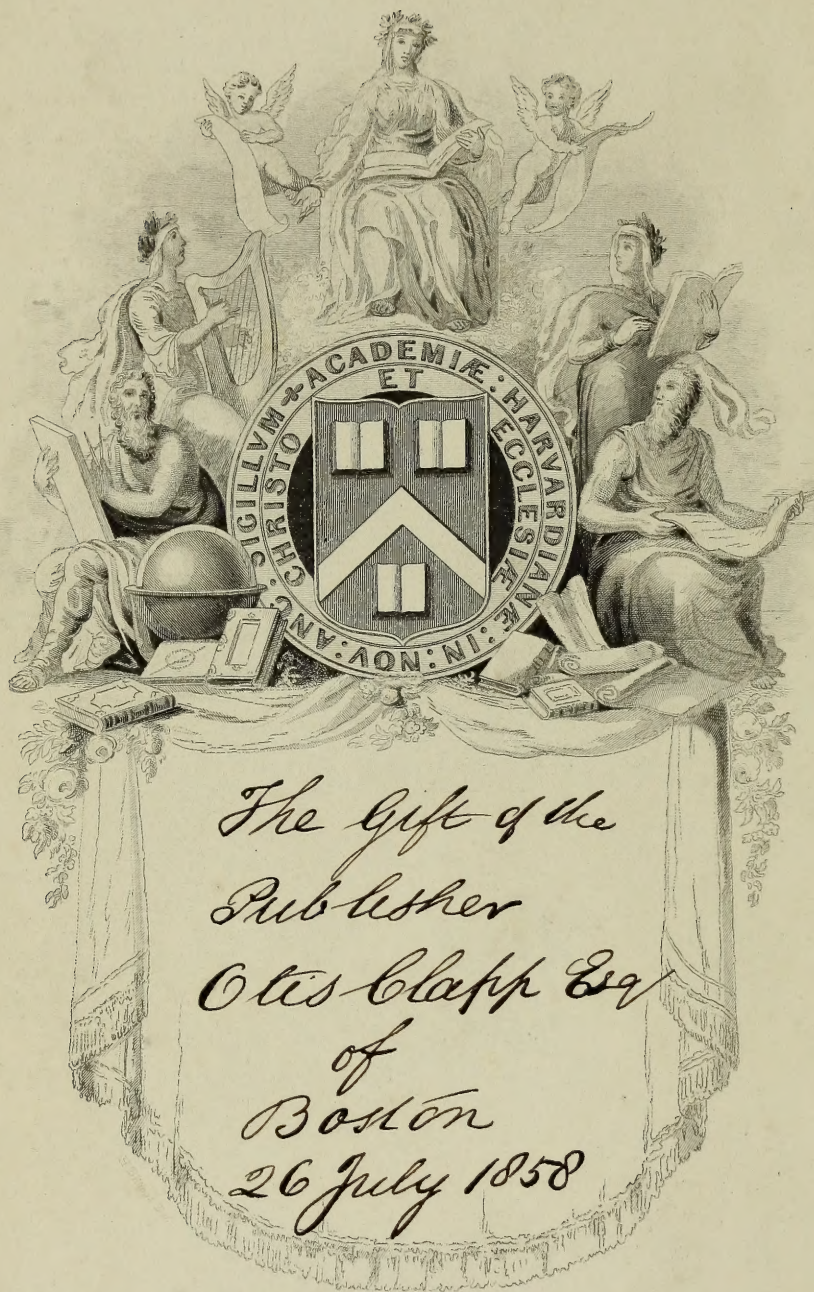
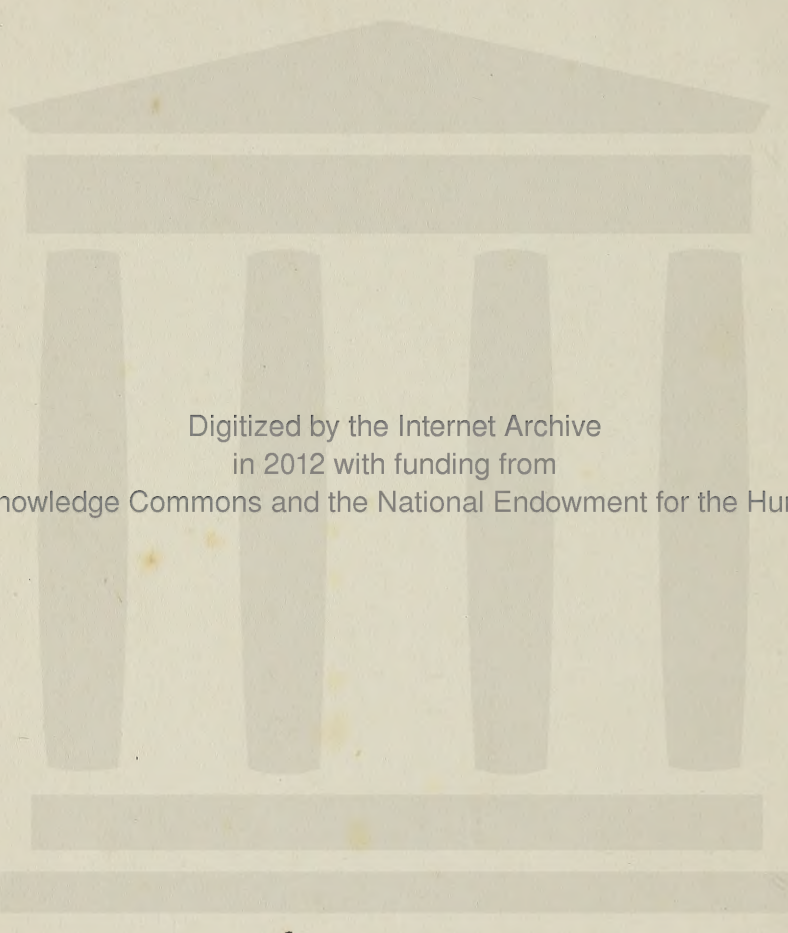


51.120.





Digitized by the Internet Archive
in 2012 with funding from

Open Knowledge Commons and the National Endowment for the Humanities

①
QUARTERLY

HOMŒOPATHIC JOURNAL.

V O L. II.

EDITED BY

DRS. JOSEPH BIRNSTILL AND B. DE GERSDORF.

BOSTON:

PUBLISHED BY OTIS CLAPP,
23, SCHOOL STREET.

NEW YORK: WILLIAM RADDE, 322, BROADWAY.

PHILADELPHIA: RADEMACHER & SHEEK.

1850.

1858, July. 26.

Gift of
Otis Clapp Esq.
of Boston.

QUARTERLY HOMŒOPATHIC JOURNAL.

ON THE MEDICINAL ACTIVITY OF DRUG ATOMS.

By C. BENTLEY MATTHEWS, M. D.

Prof. Materia Medica, in the Homœopathic College of Pennsylvania.

WE have thought it might be rendering an acceptable service to the cause of homœopathy, by endeavoring to show its accordance with sound philosophical reasoning and well known and acknowledged facts, and by marshalling in one view some of the most important arguments in favor of this branch of science ; more especially, as it is constantly assailed by the alloëopathic schools, not only by sneers and misrepresentations, but also occasionally by the gratuitous assumption that minute, or if you please, infinitesimal doses, can have no sensible action on the human organism.

Indeed, this appears to be the chief impediment in the way to their adoption of the doctrines of Hahnemann. "*Similia similibus curantur*" is not so difficult for them to comprehend ; and had we given sensible doses, in all probability the number of converts would have been much larger than at present.

These reasonings and facts are not required to fix the belief of our homœopathic brethren, and are, perhaps, perfectly familiar to them ; but, still, to give "a reason for the faith that is in us" is always proper, and to those who have not examined the subject, it may be rendering a service, to present in a concise form a ready answer to the sneering interrogatories of our opponents.

The question is repeatedly propounded, "Can such small particles of medicinal matter have any sensible effect on the human system? The only way this question can be met, is by presenting admitted *facts* of an analogous nature to the mind of the questioner. The aroma of flowers must be allowed to be in a state of minute atomic division, for it is well known that a bushel of rose leaves is requisite to produce one drop of the *ottar* of roses. Yet it is related of a princess of the imperial house of Communi, of Constantinople, that she was affected with syncope immediately upon smelling a rose. And a corroborative case was related to us by a highly intelligent gentleman, not of the profession, respecting a lady with whom he was intimate, who fainted if a single rose leaf was inserted (and that even without her knowledge) under any part of her dress. To

"Die of a rose in aromatic pain"

is scarcely a poetic fiction. And this fact of the pernicious influence of the aroma of flowers is well known and acknowledged by enlightened allœopathists. Dr. Harrison, as quoted by Paris, (see *Pharmacologia*,) who resided a long time in Italy, states that the Italians are so familiar with it, that they avoid flowers in their sleeping apartments with the greatest caution.

Another important evidence of the action of poisonous atoms is to be found in the diffusion of contagious and pestilential miasmata. The Campania di Roma, formerly a fertile plain, now rendered marshy by the ruinous state of the aqueducts, generates a miasm that it is fatal to inhale, even for a night; and yet if the superincumbent atmosphere were analyzed, it would be found, so far as chemical tests were concerned, as pure as that on the summit of Mont Blanc. Who we would ask, has ever yet detected by such means, the miasma that generates intermittents, bilious fevers, dysenteries, and cholera, or those of variola, scarlatina, rubeola, &c. *Ozone*, a hypothetical substance, and by no means proved to exist in the tainted atmosphere, is alleged

to be the cause of cholera, and it is said, that a solution of hydriodate of *Potassa*, added to a mixture of starch and water, will detect its presence by change of color; but admit this to be the case, the infinitesimal dose of the poison is not disproved.

The "eternal grain of musk" existing in Germany, suspended for a century in an accurate balance, still yielding its peculiar odor, without having lost an appreciable quantity of matter, during which time millions of individuals could have experienced its influence on their systems, had they been exposed to it, is another strong evidence of the activity of medicinal atoms.

It is well known to every one conversant with *materia medica*, that *Strychnine* still retains its intensely bitter taste, even when dissolved in water, in the proportion of one part to six hundred thousand parts of the solvent. Here is positive evidence of its action on the nerves of taste in the atomic state. Who is prepared to assert that it has in this condition no action on other parts of the animal organism?

It is stated by *allœopathic* experimenters, that when a dose of *Calomel* or *Mercury* in other form, is taken in a purgative dose, being previously weighed, and the fæcal discharges preserved and washed, the whole of the mercury may be obtained, and no apparent portion has entered the system, notwithstanding the various morbid sensations, and altered secretions resulting from its employment. What explanation can *they* give of this phenomenon, if they deny that atoms have any influence on the vital economy.

The microscope reveals the existence of *animalculæ*, or animated atoms, if we may use the expression, so exceedingly minute that hundreds, if not thousands, may revel on the point of a needle, as their microcosm. And the

"Tear that flows down beauty's cheek,"

if examined, would perhaps be found to be replete with animal life, in hideous forms, atomic monsters, devouring each other;

yet each of them has its circulating, assimilating, sensitive, and muscular system. Are such *facts* less inconceivable than that medicinal atoms should have activity, and be operative on the human organism ?

Modern Physiology has shown, under the microscope, that muscular contraction, the power of which, in some instances, amounts to some thousands of pounds, depends upon the minute approximation of atomic disks arranged in series, constituting the ultimate fibre of the muscle. Shall we deny the energy of unvitalized atoms, with this alleged *fact* before us obtaining full credence ?

The particles of *light*, so inconceivably small that they are freely transmitted through dense transparent media, produce a variety of sensations, some of them intensely painful when acting on the *retina*, generating therein the sensation of color and presenting every variety of hue that adorns the landscape. While their agency promotes the growth and perfection of vegetables and aids the development of animated beings.

The power of imponderable atoms is still more strongly evinced in the effects of *electricity*. The thunderbolt that rends the tall forest tree from its apex to its root, has no sensible weight !

A magnet may generate by attrition thousands of other magnets of equal size and power, and yet not part with any portion of its virtue. Are not these well known facts as difficult of comprehension and explanation as the atomic action of medicines, and would it not be equally unphilosophical to deny the validity of the one as the other, as they rest on the same kind of evidence ?

A favorite theme of ridicule with our opponents is our employment of *Silex* for the cure of disease, gratuitously alleging that it can have no sensible action on the vital system, and denying our power to effect its solution, being ignorant of the fact that it is frequently found in nature in that state. Colonel Fremont found, during his exploration of the volcanic regions beyond

the rocky mountains, on the road to the Columbia river, a number of hot springs in a narrow valley, which had formed their own basins of silicious sinter, deposited from *Silex* held in solution in their waters. And it had previously been ascertained, that the same thing occurs at the *Geysers* or spouting hot springs of Iceland.

The formation of geodes and of rock crystal, is further evidence of its entire solubility.

The gross conceptions of these gentlemen, reach no further, than the idea of a *grain of sand* entering the stomach and passing away in its original form; forgetting that the cohesion of the particles of *Silex* is so strong as to resist the action of almost every menstruum, (except *Fluoric acid*, or water in large volume, aided by the action of intense heat; and perhaps an excess of *Potash*, which combined with *Silicon*, is gelatinous, and therefore more soluble,) and of course in the aggregate state cannot act; but when intimately communicated by our triturations, its solution is effected and its activity developed. And this fact we believe to be one of the strongest proofs of the increased energy of drug atoms by insolation or separation. What proof have our antagonists opposed to our positive experience of its effects in this state, that *Silex* or its basis *Silicon*, exerts no active influence on the vital economy? The difficulty of obtaining it in the atomic state, proves how energetically its particles combine, and when called into active exercise by separation, its activity must be very much increased.

It is well known that some vegetables, as the gramineæ, are coated with *Silex*, which derived from the earth, must have been previously dissolved, and being acted upon by the principle of vegetable life, again deposited as an important and essential part of the plant, aiding in its defence and supporting it more firmly in the erect position. Is it more unphilosophical to suppose that *Silex* in the atomic state, may have a sensible action on the animal as well as the vegetable constitution?

Every chemical process is dependent upon the energetic

affinities and reciprocal reactions of atoms ; indeed, all the phenomena of nature, the development of vegetable and animal life, and the various vital functions involve this principle. Why then should we doubt the medicinal influence of atoms ?

The law of gravitation, though generally considered with reference to masses or aggregates, depends upon the energy of atoms attracting each other. It is known that bodies are attracted reciprocally in the direct ratio of their masses, or aggregate volume ; and of course the larger mass being constituted of a greater amount of atoms, their combined influence, (each atom, however, exerting its attractive power,) will draw the lesser mass towards it through a wider space than the former is propelled towards the latter ; every atom in both masses exerts an influence in producing this result.

Indeed, turn where we will, the potential influence of atoms will be detected, and must be admitted by every enlightened mind, and we have no doubt that every medicinal agent is active *only* in the atomic state, or when its atoms are so insulated or separated that each particle can exert its inherent influence unrestrained.

What medicine even in large doses, would act, except mechanically on the system, if it still retained its concrete state, or was incapable of solution ? Experience proves its impossibility.

But there is one objection which has been repeatedly urged against our system. The powerful aid of mathematics has been invoked to prove its fallacy, or to overwhelm it with ridicule. A French mathematician has endeavored in the *Journal de l'Illustration*, Vol. VI. No. 133, to make his calculations bear upon homœopathy. He calculates that five times the volume of water contained in the *Lake of Geneva*, would be requisite to represent our 9th dilution ; that the 10th, is represented by a little more than the bulk of the *Adriatic* ; the 11th, equal to twice the volume of the Mediterranean ; the 12th, to twice the superficies of the earth covered with fluid to the

depth of one thousand metres ; and that the 30th would require a sphere equal to the whole solar system, covered with water to the same depth, to effect its complete solution.

This mode of argument is not novel, and every intelligent homœopath, is fully apprised of the mathematical results of his *dilutions* ; yet still they have been carried far beyond the 30th, aye, even to the 2 or 3000th ; a point almost beyond even the reach of *mathematics*.

As well might this science be applied to ascertain the results of chemical reactions, or to prove their truth or fallacy, as to employ it to verify or annul any *fact* observed in medicine. This vaunted test of the truth of other sciences, has, however, its own absurdities. As that two lines may forever approach (like the parabola and asymptote,) yet never touch ; or as Euler states, that the figure *one* divided by *nothing*, ($\frac{1}{0}$) expresses an infinitely great quantity.

Valuable as this science undoubtedly is, still it has its limits. We would ask these *calculators* to give us the weight of the *electric* fluid in the lightning stroke that rends the forest tree, or the *quantity* of *electro-magnetic* matter necessary to convey *thought* in a few seconds through an eighth of an inch wire, from Philadelphia to New Orleans ? or whether the *magnetic fluid*, which renders a million of magnets active, was originally contained in one of the same dimensions as the rest from which they were all produced ?

Mathematical, like all sound reasoning, is nothing more than an arrangement of *facts*, (for every correct induction becomes a fact,) bearing such an obvious serial relation to each other, that the last *fact*, inference, or demonstration, must carry conviction to the mind. If the data assumed, or any one of the inferences in the series is false, the result will be erroneous. Now such is the case with the argument in the *Journal de l'Illustration*.

It is convertly assumed that *infinitely minute atoms cannot affect the vital economy* ; and after an elaborate calculation to

prove, what is freely admitted, that our medicines are in the form of infinitely minute atoms, the calculator *sapiently* draws the conclusion, or expects his readers to do so, “*that infinitely minute atoms cannot affect the vital economy.*” This is what is called reasoning in a circle.

Mathematics has demonstrated the infinite divisibility of matter. Now, it matters not generally to the truth of homœopathy, whether this is so, or whether it can be reconciled to the atomic theory of Dalton or not ; but assuming it to be correct, the calculation so bountifully protruded in the “*Journal,*” proves that there must be a medicinal atom in every tangible portion of our dilutions. And we assert it to be a *fact* observed by thousands of intelligent and veracious physicians and their patients, that these medicinal atoms do produce decidedly sensible effects upon the vital functions both in health and disease.

The truth or fallacy of homœopathy can never depend upon the results of *mathematical* reasoning any more than that of the science of chemistry, of geology, of mineralogy, &c., but solely like the truth of innumerable *facts* in the natural sciences, on the *veracity* and intelligence of the observers, and can only be proved, if doubted, by repeating their experiments and observations under precisely similar circumstances. It is not a science of fallacious inferences like its elder rival, “blown about by every wind of doctrine ;” but an embodiment of accurately observed *facts*, a hundred times repeated and confirmed by sagacious observers, and undoubtedly has as much inherent evidence of its truth as the other sciences which are based on observation.

Is it not then perfectly philosophical and in accordance with what is admitted in other departments of knowledge, to infer that atoms, disentangled and isolated, as it were, in our dilutions, would display a vastly increased degree of energy in proportion to their bulk, than when in the aggregate form they are restrained in their sphere of activity by their chemical and cohesive affinities.

This increased energy of liberated atoms powerfully tending to form new combinations and to display their characteristic qualities is, we believe, the true explanation of the *modus operandi* of medicines, the different effects resulting depending upon the inherent attributes of the different remedies. We shall conclude by detailing briefly two cases; the first displays the increase of curative power, by dilution; and the other shows the truth of our fundamental law, "*similia*," &c.

Mrs. S——, a highly respectable lady, was afflicted with tetter on her hands and fingers for a period of thirty years. It had been repeatedly driven in by alloëopathic applications, and always on such occasions her chest was seriously affected until its reappearance. About five years since I was consulted. *Iodine 3d.* was given in repeated doses, and at the end of fifteen months her tetter was perfectly cured without any injury to her general health, which has remained good ever since. When *informed what remedy was used, she assured me she had previously taken it in alloëopathic doses for a considerable time unavailingly.*

Some years since while experimenting with *Sulph. of morphia*, just before retiring for the night, I took one grain of the 1st trituration which I had been preparing. On closing the eyes after laying down, a most beautiful landscape, with ever-varying, brilliant colored, oriental scenery, such as I had witnessed in the East, presented itself to view, disappearing on opening the eyes, and recurring on closing them. This was repeated several times, and as consciousness was lost in sleep, the last impression on the memory was a crimson veil or cloud that obscured the scene. Some time afterwards a lady informed me she had a singular nervous affection; she would when engaged in her ordinary employments, lose cognizance of surrounding objects, and in their place a beautiful and varying "landscape," as if ascending a river, would present itself. I gave her about $\frac{1}{10}$ th of a grain of the same preparation of the 1st, and her nervous affection entirely disappeared before the next day and has never recurred.

HYGIENE, MATERIAL, MENTAL, AND MORAL.

BY J. H. P. FROST, A. M.

THE human system, in common with all other forms, whether animate or inanimate, is subject to two classes of influences, — the one tending to destroy it as a form, to resolve it into its primary elements — the other struggling to maintain it, to promote its permanence and growth. The former class is offensive in character, and almost infinitely various. The latter is defensive and apparently self-vigorous; but our ignorance of its essential quality is concealed under the shadow of such learned names as, *vis inertiae* and *vis medicatrix naturæ*.

We have reason to believe that every thing, as well as every being, is endowed with a certain kind of life, by which its distinct existence is maintained. But as no form of being or existence, short of the Infinite Author of all life, is any thing but a recipient of life, so no form of being or existence, high or low, is incapable of being effected by influences which if unchecked might destroy it. And such as is the quality of the life, whether pertaining to the highest order resulting from the union of material and moral natures, or whether pertaining to the simplest forms of matter next superior to the elementary atom, such is the quality of the influence at war with it. Similar in quality also must be the defence to be interposed. Each simple form is attacked and defends itself as such; and each compound form or being is liable to be warred against both in its totality and in each component element. This will more plainly appear in the consideration of our subject as distinctly effected by the physical, intellectual, and moral natures of man. And no study could be more curious or interesting, than to trace the operation of these antagonistic influences in their progression, step by step, from the simplest forms of inorganic matter, up to the most complex combinations of the noblest intellectual and

spiritual powers with the equally noble material form of man. To see, for example, the attraction of gravitation constantly struggling against, and yet constantly subdued, by the attraction of cohesion; to see the same cohesive attraction yield without a struggle to the higher power of chemical affinity; to see the most powerful chemical affinity overcome in an instant by that subtle and mysterious attraction which we call magnetism. To see in the higher forms of organic life, in the vegetable as well as in the animal kingdom, not only the antagonism of similar first principles, such as that of capillary attraction and gravitation, and that curious law of *endosmos* and *exosmos* overcoming both; the action of laws still higher, — the wonderful phenomena of growth and decay, the constant struggle of life and death. And so on up to man, where all these principles centre, and are complicated not only by the infinitely greater complexity of the material form itself, but by the introduction of a still higher order of “the breath of life” whereby “man becomes a living soul.” But these primary steps, replete though they may be with much to interest the student of nature, are chiefly interesting in this connection, as throwing some light upon the last and highest, — and as that regards the preservation of the physical, mental, and moral, health of man. And this study, soon may it become a science, is what we understand by the term *Hygiene*.

This term, originally used as synonymous with *Dietetics*, and representing only what relates to the bodily health, comes at length to include also the mental and moral affections; partly from the wonderful influence these exert over the bodily health, and partly because the mind rather than the body constitutes the essential man. In accordance with these views and the principles we have just glanced at, the distinction of the human organization into three natures, material, mental, and moral, lays the foundation for a similar distinction in *Hygiene*.

What may be termed physical *Hygiene*, regards the body as an organic functional structure, and to this belongs the care of

the food we eat, the fluids we drink, the air we breathe, the exercise we take by day and the sleep by night. Physical Hygiene presides over the grand function of nutrition, which by means of the various organs of digestion, assimilation, respiration, circulation, innervation, and secretion, assisted by rest, is enabled to repair the constant wear and tear of the animal economy and to secure its full development. The neglect of the dictates of Hygiene, whatever function it primarily affects, eventually brings disease upon the whole system. The mind, also, is not unseldom affected. Reason is temporarily or permanently dethroned, and the memory is often either impaired or destroyed. And often the mischief originating in functional derangement of the body, stops not till it has reached the inmost sanctuary of the soul. Who does not know how frequently man's better judgment, his conscience, and his soberer will are overruled by the force of some predominant passion, — passion utterly inconsistent with perfect bodily health? Who has not remarked the powerful influence of ardent spirits in establishing a diseased habit of body, which inevitably deranges the understanding and develops all the latent wickedness of the heart?

Physical disease must have been originally induced by disorder among the higher intellectual and moral powers. And as if in punishment of its origin, disease of the body never fails to reflect its evil influence back upon the mind and spirit. Let it be remembered that as the soul once sullied by a single stain can never of itself regain its original purity, so the physical nature, once disordered by whatever cause, is never fully restored to its original normal state. But this branch of Hygiene, though the best understood of all, has as yet been chiefly studied in disconnected fragments, — seldom, we believe, as a connected system; still seldomer as an important part of a much larger whole. And even these fragments, scattered as they are through various works on consumption, dyspepsia, physiology, and general practice, seem to bear a much nearer relation to Pathology than to

Hygiene itself. While such works as have recently appeared, expressly upon this subject, are as yet but little known. Here, too, we may see why Hygiene has never risen to the rank of a distinct science ; it has never been studied as such. Our investigations have originated rather in our anxiety for the restoration than for the preservation of health. But prevention is better than cure ; and men are beginning to give this subject a proper share of attention. Soon we hope to see people studying the best (perhaps still unwritten) essays upon Hygiene, instead of swallowing together patent medicines and the still more nauseous pathology of copyright advertisements. May we not hope also, that as mankind advance in the scale of being, and as a means of that advancement, they will pay proportionate regard to the other and higher departments of mental and moral Hygiene ?

Innovation has already been included among the constructive functions of nutrition. Then it has a right both as an ally and as a patient. For every effort of the will, every muscular contraction involves a corresponding consumption or destruction of nervous substance. But from being more immediately subject to the mind, the nervous system belongs in part to our second division of Hygiene, the intellectual, and thus serves as a connecting link in the ascending scale. The intellectual powers, the mental faculties, equally with the physical, are susceptible of injury or improvement. Thus they may be prematurely worn out or broken down, or they may be corroded by indolence or irretrievably lost from neglect of cultivation ; while in obedience to the rules prescribed by a sound mental Hygiene, these faculties may be most perfectly developed and qualified to fulfil their highest uses, by being regularly and temperately exercised, cultivated, and nourished. This part of Hygiene has been nominally, not really, represented by the term “ Education,” in its popular, limited sense. But as might be expected from a system of education so narrow, the proper rules of all Hygiene are constantly broken by it. The neglect of the precepts of men-

tal Hygiene almost necessarily involves the transgression of the laws of our physical being. Nor does the injury done to the mind expend its whole force there. A part is reflected downward upon the physical economy, either manifesting its influence in various forms of inflammatory action, or in secretly but effectually undermining the constitution. A part also is reflected upward upon the moral powers; and here the mischief, though less obvious, is far greater. Who with a perverted imagination, a distorted reason, or an understanding in any way impaired, can be supposed to retain unsullied the freedom of his will? The imagination alone, we believe capable, when overgrown and sensual, of absorbing all the other mental powers, enslaving the will, and preying like a cancer upon the whole soul.

The first great law of mental Hygiene must be regular and harmonious cultivation and exercise. And the observance of this law is equally essential to the health of either the body, the mind, the spirit, or of the whole being. By harmonious cultivation we mean that which is in proportion to the development of the bodily powers and the moral affections. For it must be considered one of the most important principles of mental and moral Hygiene to preserve a proper harmony among all the powers.

If the observations with which we commenced are sound, the health both of the body and intellect is liable to be disturbed by influences which may respectively affect it. But we have no reason for stopping short here. The same considerations lead us to conclude that the moral powers may be in like manner disturbed, and the whole moral being become diseased. We have seen how disease once introduced into the body by violation of the laws of physical Hygiene, may derange the intellectual powers and even affect the moral nature. We have seen how the understanding disordered by neglect of its proper Hygiene, reflects part of the injury downward upon the body, and part upward upon the soul, even threatening its last and strongest citadel, the freedom of the will. Hence we are

forced to conclude that disorder in man's higher and essential being must be equally fraught with disaster to mind and body. That such is the fact, revelation affirms and experience proves. The love may kindle a fire which shall consume both mind and body, or which, perverted to hatred, may become a "worm that never dies." Moral evil we are assured was the original cause of physical disorder; and every medical man knows that unholy lusts are the ever-fruitful sources of the foulest and most loathsome diseases — diseases which prey remorselessly upon body, mind, and soul, armed with temporal and (perhaps) eternal death.

In the consideration of our subject we have seen reason to believe that intellectual influences are capable of effecting the bodily health more powerfully than purely physical causes, and that the moral emotions exert a similar but still stronger influence upon both body and mind. And while the practitioners of the new school have been led by the examples of Hahnemann, to weigh well the moral symptoms in the administration of medicines, we are convinced that neither the profession nor the people have begun as yet to estimate the mighty influence which the transgression of the laws of our moral being, of moral Hygiene, exerts in producing and perpetuating disease. Yet we will not despair, for our faith in man's energy is stronger than our consciousness of his degradation.

For the sake of perspicuity, we have used the term Hygiene as relating rather to the preservation than to the restoration of health. The two significations of the word are too nearly related in fact to be ever widely separated in practice. To our mind the idea of a comprehensive Hygiene, the outlines of which we have attempted to shadow forth, is identical with that of a perfect system of education. They both seek the full, harmonious, and orderly development and exercise of all the powers of the body, mind, and spirit. Hygiene as an end and for their own preservation alone; education as a means essential to the accomplishment of the highest objects and uses of our

being. And in concluding our hasty survey of the boundaries of what we trust may become a noble science, we cannot but express an earnest wish that some master mind might undertake the important task of eliminating and digesting the grand principles of material, mental, and moral Hygiene, and of illustrating these principles by the inexhaustible treasures of knowledge and experience which may be brought to bear upon them.

ON THE ADMINISTRATION OF THE REMEDIES IN WATER;
ON THE EXTERNAL APPLICATION OF REMEDIES; ON THE
SIMULTANEOUS EMPLOYMENT OF HOMŒOPATHIC AND
OTHER REMEDIES; THE SO CALLED ADJUVANTIÆ, AND THE
CHANGE OF THE MEDICAL SYSTEM.

BY DR. L. GRIESSELICH.

Aegidi. This subject has first been introduced by Aegidi : * a man afflicted with a chronic disease has been very unpleasantly affected by all homœopathic — specific remedies ; — *Phosphor.* alone effected some improvement, of no duration however. At that time it was the rule, not to repeat the remedy, and the patients took their powders dry. Improvement was apparent in that case, — the remedy was indicated, — Aegidi repeated it ; 1 glob. 30 dil. in 8 ounces of water, well shaken, and early in the morning a table-spoonful given ; no excitement, transitory improvement ; on repetition of a second spoonful, again improvement ; now every day a spoonful : the cure was accomplished after six weeks of an affliction of a year's standing.

Sometime † after, Aegidi wrote more at length regarding the advantage received by this technicism, he gave the globules in water, and recommended in acute diseases every 2–3 hours a table-spoonful ; Hahnemann had expressed himself favorably respecting this way of administering the remedies. In chronic diseases he gave a drop to a teacupful of water, and from this

* Archiv. Vol. XII. No. 1.

† Archiv. Vol. XIV. No. 3.

up to a quart ; the patient to take the least quantity upon an empty stomach (at once,) and afterwards every quarter of an hour a teacupful in larger quantities with exercise in the fresh air ; and should the patient become drowsy afterwards, he might indulge in sleep.

C. Hering considered this technicism so important, that he said, “ a new period in our therapeia * has through it began.” In all very sensitive persons, in very painful afflictions, and in children, this way of administering the remedies was very successful ; he repeats the doses even every hour ; he protested only against a too strong shaking of the globules with the water, in order not to “ hyperpotence ” them.

Hahnemann's statements. Conclusion. This technicism had been known long before Aegidi, and we find it even in Hahnemann's writings ; we see, that he gave in former times the proper remedy as a fluid ; he also gave young children with scarlet fever diluted *Opium*, 1 drop in 10 teaspoonfuls of water, (1-2 teaspoonfuls more,) he took even beer † instead of water.

The administration in a fluid he afterwards abandoned ; as the medicinal power, according to his supposition, is greatly increased by the greater volume of fluid with which the medicine is intimately mixed ; he recommended to give the homœopathic remedy also in the “ smallest possible volume ” and denounced, consequently, the drinking afterwards, as “ useless and inappropriate.” ‡

The above mentioned rule however fell into oblivion, and was by Aegidi brought to light again ; in the *Organon* (5 ed. § 287) Hahnemann speaks of the administration of the remedies in a greater quantity of fluid as of a new technicism, and in the preamble to the third volume of the “ *Chronic Diseases* ” (2 ed.) he recommends the addition of water with some spirits of wine, to preserve the water from corruption. ♦

* Archiv. Vol. xiii. No. 3.

† Small Essays (Kleine Schriften) Vol. i. 228, note 1 & 2.

‡ *Organon*, first edit. § 252.

Our literature shows, that this technicism takes place very frequently ; the remedy is prescribed in not too great a quantity of water, and no apprehension is felt of a too powerful effect. It is however nothing less than a terrible abuse to give the remedies, as has been done, in very large quantities of water, and attribute the real or imaginary effect only to the remedy, as if the quantity of water was of no consequence.

This method is frequently made use of in acute diseases ; the remedy is mostly administered in water, and prepared to last not more then one or two days.

In chronic diseases care should be taken not to make the solution of the remedies with great quantities of water, even if mixed with spirits of wine, for they last too long, especially in summer ; the dose should be given with *Sugar of milk* at once, or half a one in the morning and another in the evening, or the remedy administered in diluted spirits of wine, and the patient told how many drops are to be taken at a time, in a table-spoonful, or cup half full of water.

It is not advisable to keep globules dissolved in large quantities of water with *Alcohol*, on hand ; the rapid formation of flakes shows what is going on. The frequent fresh preparation of the dose with water is preferable.

There are, nevertheless, individuals, having an idiosyncrasy with regard to *Alcohol*, even when in very small quantities, so that it is necessary, if drop-doses are used, to triturate them with *Sugar of milk* in order to separate the *Alcohol*, when after taking which the patient may drink water ; if however the remedy should be kept for a long time in the mouth, as, for instance, in teething, aphthæ, etc. then no water is to be taken after it.

On the external application of the remedies. *Hahnemann's statements.* We see that Hahnemann even at an early period employed the remedies other than internally ; he mentions the efficacy of the external application of *Conium maculatum*, upon indurated places ; * he also placed a piece of paper moistened

* *Kleine-Schriften* (Small Essays) Vol. I. 160, note.

with *Laudanum* upon the epigastrium,* to remain there until it was dry.

He afterwards declared † every part of the body “possessing the sense of touch” to be capable of receiving and propagating the medicinal impressions; the most susceptible were, however, the mouth, tongue, stomach, and not much less, the internal nose (lungs,) the most sensitive parts of the sexual organs and the rectum, the skinless, wounded, or ulcerated parts; those parts covered with skin and epidermis he declared to be less influenced by medicines, and those the most, which were the most sensitive (as pit of the stomach, the flexible side of the joints.) When the remedy could not be administered internally, it was sufficient to cover the pit of the stomach, etc. with it—in a stronger form, however, and to a larger circumference; by embrocation he also stated that the medicinal impressions were increased, and especially by whole or half baths.

Hahnemann had acknowledged the efficacy of such technicisms, yet he cautions against the simultaneous external and internal employment of remedies, in so called “local diseases.” We are unable in consequence to judge of the internal state, and in what connection the disappearance of the external evil stands to the whole. It is still worse, where the remedy is applied *only* upon the affected part.

Hahnemann mentions here “old and various cases of itch” syphilis, scald-head, old femoral ulcers etc.; he admits the beneficial effect of the external employment of *Sulphur* in a genuine itch “when that is nearly cured by internal homœopathic treatment; he cured even itch homœopathically, by the external application of *Hepar* ;” he favors also the external employment of *Arsenic* in facial cancer.

Later, especially after the “psora theory” Hahnemann forbids the external application of any remedy, though ever so well adapted, upon the affected part, and advises *only* the internal administration of the remedies; he also objects, of course,

* Kleine Schriften (Small Essays) Vol. I. 247.

† Organon, 1st edit. p. 206.

to the cutting out and cauterizing of lip and facial cancer; embrocations are also no further mentioned, until in the second edition of the "Chronic Diseases" * he recommends the rubbing in of the same internally given remedy, (one or several globules of a high "dynamization"); this fluid to be rubbed into a healthy part of the arm or thigh, whereby the beneficial effect is "a great deal" augmented, and chronic patients cured in this manner "are more rapidly cured than by the internal administration alone."

The cures by *Mineral waters*, of chronic afflictions, with a "healthy skin" find here according to Hahnemann their explanation. The parts where the process of embrocation is performed should be changed frequently, and it should be done on those days when the medicine is not taken internally.

In the treatment of condylomatous diseases, Hahnemann allows in "old and obstinate cases" the local application of the remedy upon the diseased parts; by touching once a day the larger condyloma with *Thuja tincture*. †

Gross employed externally to an ulcer of the leg, *Lachesis* 30 gtti. (upon the ulcer itself) and was successful; *Silicea* 30, he also applied to an ulcer of the finger; there are more such cases related. ‡

Schrön is in favor of an "universal internal treatment" in syphilis, condyloms, ulcers of legs, etc. on account of their intimate connection with the total organism, and acknowledges those local eruptions, as Hahnemann does, to be the barometer of the healing process; only in very obstinate cases he allows the expediency of the external application of remedies with and after the internal. §

Bachhausen is a great advocate for the external application of specific remedies. Neither theory nor experience were in opposition to this technicism. Burns are cured by *Rhus* 3.; dysentery by *Clysters of Corrosive sublimate*, (better than by

* Vol. III. Preface.

† Vol. III. § 107.

‡ Allg. Homœopath. Zeit. Vol. III. No. 7. § Hygea, Vol. IX. pp. 426.

the internal administration of the same remedy;) ophthalmia by *Sulphur* and *Staphysagria* externally. He mentions here the well known application of *Arnica* against contusions, etc.

Bachhausen proceeds from the idea, that the medicine must also develop its effect on the affected spot; it was a "round-about way" to administer it only by the mouth; he compares the action of the medicine to that of the cause of the disease, which commences at a small spot, and thence spreads out in the organism.

Kæmpfer treats extensively of the external and internal employment of remedies;* he considers the subject important enough for discussion. He speaks principally of the usual course of treatment of the alloëopathic school with remedies which are applied upon ulcers, eruption, etc.

Kæmpfer admits, however, that there are instances, where the external application of remedies against an "internal" disease is much more efficacious than their internal use; he alludes particularly to *baths*. *Kæmpfer* is nevertheless inclined to attribute the effects of the mineral springs to the homœopathic law which Hahnemann "*positively*" declared long before him. He also considers *Tartar emetic* ointment for whooping cough, "*Ranunculus leaves* for sciatica," *Croton oil* for rheumatic pains, to be instances of homœopathic, and not derivative treatment.

Retrospect. The employment of specific remedies in a different way from the administration by the mouth, appears to be a very important technicism and ought not to be neglected. We see that it has formerly been disavowed by Homœopathy, while extremely abused by Alloëopathy.* There is quite an essential difference between the direct application of a remedy upon the affected spot, which is a source of "alleviation" for an existing general disease, and between the appropriate employment of a specific remedy to another surface than the

* Hygea xi. 321, note, and xiii. 227.

internal mouth and stomach, which seem to be the privileged turnpikes of the *apparatus medicaminum*.

If a person is seized with a violent neuralgia of the *planta pedis*, and *Veratrum* is indicated, why should it not be applied upon the affected spot? A decided advantage has been seen of *veratrum* in such cases, and there is no apprehension that by it the pain be “driven away,” as we see it occur during an “internal” treatment, when pains leave their seat and settle somewhere else. *The internal treatment does by no means unconditionally prevent metastases to take place.*

The condemnation of the “*technicismus externus*” at the point of culmination of homœopathy, originated in the pure dynamical view of the action of medicines; Hahnemann himself departed from this and directed the rubbing in of globules dissolved in diluted *Alcohol* — a proof that he still again considered this way of administration to be a very practicable one. It is very important to employ the remedies in a different manner than by the mouth; there is no need of globules; the “*liquid form*,” as the more sure and efficacious, should be used. There is no reason why a remedy, applied by means of a clyster, or any other sort of injection, should be more *external* than the medicine swallowed. If to a child with aphthæ, *Helleborus* 1, *Sublimat.* 2, *Acid sulph.* 1, or any other adapted remedy is given internally, then is this *in relation to the aphthæ an external local treatment*; and whoever dreads this, must seek another way of incorporation. Many specific remedies have been externally employed with great benefit; it is in general advisable to give the same remedy also “internally,” in order to operate from different sides towards one point. (According to Ricord) an ointment of *Calomel* and *Lard*, is unsurpassed in softening the gristle, like *indurated* syphilitic ulcers; a *pure* internal treatment is here too slow, though nevertheless *indispensable* simultaneous with that remedy. A hydrocele of considerable size, and of several months standing, in a dropsical patient, disappeared upon *Arnica* fomentations, etc. Even in

diseases of the eyes, teethache, etc., the specific remedies can be applied upon the affected part, or as near to it as possible ; and *Belladonna*, *Bryonia*, *Colocynth*, etc., have proved to be suitable remedies for embrocation. Veith rubbed in *Chamomilla*, for sciatica ; Koch applied *Nux vomica* to a prolapsus ani ; Mayerhofer rubbed the cramped mouth of the uterus with *Belladonna* ointment ; Segin steamed the eye with *Euphrasia* ; Aegidi employed the remedies as compresses, collyria, injections, etc. ; Patzack used the leaves of the *Pine* in baths, etc.

On the simultaneous employment of homœopathic and other medicinal agents, and change of medical system. Hahnemann, proceeding from the disadvantage of any other than the homœopathic treatment and defending the maxim of simplicity, could of course not be in favor of a mixed treatment, which he strenuously opposed.* He believed himself to be the cause, that a part of his adherents advocated a mixed treatment ; he retracted, therefore, his advice, to apply in chronic diseases a *Pitch plaster*, to effect a derivation to the skin. Hereby he intended to remove every pretension that the homœopathic healing art stood in need of any assistance from the alloëopathic side ; although it was not in that state of perfection where it could under all circumstances dispense with those mentioned “alloëopathic aid-de-camps.”

Although Hahnemann disapproved a mixed treatment, whereby remedies are employed of different medical systems either simultaneously or in short succession after each other, or in alternation, he admitted, nevertheless, the occasional necessity of an enanthiopathic treatment, where the homœopathic is not adapted. Such is the state in highly urgent cases, where the danger of life and approach of death, leave to the homœopathic remedy no time for action ; in accidents happening suddenly in previously healthy individuals ; for instance, in asphyxia, suspended animation from lightning, suffocation, freezing, drowning, etc.,† in which slight electric shocks, injections of strong

* Organon 5th edit. § 67 ; note, and p. 149, note. † Ibid.

coffee, or strong perfumes, may be required to excite the vitality.

Bleedings. It will be of an extremely rare occurrence, that general bleeding is regarded in the treatment with homœopathic specific remedies. This will not be the case, especially in the state of inflammation as such. It is by no means settled, that the old medicine requires it here ; the inflammation dogma has of late been considerably jolted, and within the old medicine very important voices arose against bleedings, because they do not fulfil their purpose.*

It is evident, that not only the *quantity*, but even the *quality* of the blood changes by bleeding, its *composition* becomes worse, and this the more decidedly the oftener the vein has been opened, the weaker, the more dyscrasic, etc. the organism has previously been. It is needless to waste another word in relation to this. It is, however, possible that either in the course of a disease, or independently, an enormous accumulation of blood in an organ occurs where it is necessary speedily to remove from the latter this mass, in order to prevent the depression of its activity. This may take place, for instance, in pneumonia ; against which the venesection is not directed, as it neither diminishes the exudation in the cells of the lungs, nor increases the resorption ; *it does just the reverse* ; but against the plethora of the lungs, which usually attends pneumonia, it is mostly predominant in robust individuals.†

A strong venesection is, in full-blooded, otherwise healthy, persons, only to be considered in a *quantitative* point of view. It is the object of our art to detect and remove the cause of the plethora ; then it is, when to the art the widest field is offered, to operate with the homœopath-specific remedies successfully and prevent further bloodshed.

* That the venesection is no antiphlogisticum, has been clearly proved by Dr. F. W. Arnold. Hygea, XXI ; note 1.

† Hygea, xv. p. 522.

It is also no better with local bleedings ; they are, for instance, thoughtlessly employed every day, though many physicians even of the old school warn against them. In local plethora, it is likewise possible, that bleedings, by means of leeches, etc., are beneficial, particularly when they are applied at a distance from the source of the disease. The same treatment is afterwards to be followed, as stated above, and the result will be the surer, *when the ice has been broken*.

Derivative Remedies. These remedies can, with the simultaneous employment of homœopathic-specific remedies, under certain circumstances, be of decided benefit, and can even in some instances be required. For instance, in children, after the sudden derivation of eruptions and ulcers, very dangerous symptoms set in, which disappear just as fast, after the reappearance of the eruptions, etc.; so especially in metastatic hydrocephalus, it is "*urgently indicated*," to restore speedily the previous secretion. We have, therefore, full right in such cases to resort to irritants of the skin. The success of *Tartar emetic* ointment, blisters, etc., find here its explanation ; "derivation" is in its proper place here, while in cases with which suppressed secretions have nothing to do, "derivation" can be carried on to any extent, yet will be of *no avail*.

In metastasis of external rheumatism to the stomach, brain etc. it is also beneficial, to apply irritants upon the originally affected place, in order to build by it a bridge to the enemy. It is important, for instance, in acute eruptions, which under dangerous symptoms either hesitate to come forth, or when scarcely broke out disappear again, to secure to the disease its most natural course within the sphere of the external skin. Rubbings, for instance, with *Onions*, *Squilla*, etc. are here of decided advantage, and do not prevent the simultaneous internal employment of specific remedies.*

Irritations, upon the skin by means of *Mustard plaster*, *Horse-radish*, even pure hot water, are also an aid, not to be

* Hygea, XIII. 531.

despised ; they do not interfere in the least, in appropriate cases, with the effect of the internally given remedy. In acute diseases of children nervous excitations often occur, where *Mustard plasters* to the calves are very efficacious. The specific effect of mustard is entirely out of the question here, for we see the same result from other irritants, even from warm poultices of *Semen lini*, etc ; these operate only much slower ; cloths dipped in warm water, wrung out and covered with a dry cloth, are also advantageous here.

In croup, the application of a sponge, wrung out of hot water, to the throat, is an excellent auxiliary, much better than all mustard and blister plasters.

The *Kobolt* of Purism must not prevent us from employing such auxiliaries which, appropriately applied, relieve the patient ; without overrating their value, they deserve due credit ; *they are the common property of all systems* ; whoever is afraid to use them, must not even grant to the patient the application of a warm cloth to the painful part, when it relieves him ; dare not irritate the inactive rectum with a simple clyster of water for the expulsion of the indurated contents ; must not change the situation of the bedstead, not give to the patient a pillow, nor take his silk bed coverings, out of pure regard for the “purity of the system.”

The French Homœopathists were therefore fully in the right, to declare themselves also in favor of the employment of *Compression* ;* we shall therefore, in a violent hæmorrhagia uterina attempt to stop the hæmorrhage by compression upon the aorta abdominalis, without depending alone upon this “adjuvant.”

We concur, however, with those physicians, who urge the expulsion of “*Cauterization*” from the homœopath therapeia. The impression is too great, not to influence the effect of specific remedies, and consequently place the organism in

* Journal de la Méd. Hom., May, 1847.

an unfavorable condition for the efficacy of the remedy. It is likewise so with the *Cold-water Cure*.

Kurtz and Starke have as Homœopathists principally occupied themselves with Hydropathy and its relation to Homœopathy. Starke admitted a Homœopathic effect in the cold water, basing its influence upon its part of *Silicea*; this one-sided view has, however, passed away, and it has the appearance as though the whole cold water cure in its original strict form of Priessnitz had been acknowledged as defective. The full water-cure, with the wrapping of the naked body in woollen blankets, and the succeeding cold bath, seat-baths, etc. occupy the patient so much, that the impression of a homœopathic specific remedy simultaneously given, must either wholly disappear, or be at least very much changed. Brutzer's restrictive advice is therefore properly founded.

Otherwise however water is our great *ally*, a genuine cosmopolitic property of the whole therapeia. By means of the water we can direct cold or heat to operate upon any part of the body. The water is yet also beneficial as fluid.

The use of a simple tepid warm bath, as well as of a river bath in the summer, is not a hindrance; the *continued* use of such baths, however, in connection with homœopathic specific remedies, would confuse the judgment as to which cause the beneficial result was to be attributed, and so it would be when mineral, sea, or herb baths, were connected with those remedies.

It is also, under certain circumstances beneficial, to wear the wet belt, make use of water fomentations, etc., which may rather be called *dietetic*, than pure *therapeutic* measures; they are, at least, no exclusive property of any medical system. The indications for these measures belong to the special therapeia, to which the regime of diet also belongs. In like manner, douche baths, and rapidly executed cold washings, can be united with the homœopathic-specific method, which Aegidi acknowledged and Hahnemann admitted,* by claiming wash-

* Chronic Diseases, 2d edit. vol. III. p. 8.

ings, douches, etc., for the homœopathic system. At a very early period of his career, the latter commended highly cold water; before he discovered “specific” remedies for chronic afflictions, he performed frequently cures only with cold ablutions, foot baths, and even dippings for a few minutes into water from 50° — 60° Fahr.* It is the same with the use of cold water injections. The beneficial employment of ice pills and ice waters in “*cholera Asiatica*,” simultaneously with *Veratrum*, *Arsenic*, etc., is also well known.

It is useless to mention, in particular, the other hydrotherapeutical technicisms; they may as individual forms find their place of employment, without interfering with the effect of a specific remedy, or materially changing it.

Water is, nevertheless, an excellent vehicle for our remedies, and we need it as well for the internal administration of the remedies, as for external use. We can direct its effect in various ways, by employing different degrees of temperature; there is a wide range from the ice to warm water.

Electricity, and so called *Relative Powers*, effect the organism decidedly; their therapeutical application is, however, still in its infancy, and from the empirical employment nothing certain can, generally speaking, be established. For this reason it is advisable, not to give specific remedies, at least not simultaneously, with electricity, etc.

In chronic diseases, Hahnemann recommends the careful application of electricity, with the *simultaneous* employment of “*antipsoric*” remedies; by this antipathic treatment he intends to produce in all cases of lost motion and sensation, an extremely small but repeated excitement. †

Experience must still definitely be consulted as to whether

* Small Essays, I. 29.

† Chronic Diseases. 1 edit. p. 238. This passage is the more remarkable, 1. because Hahnemann admits here, that the homœopathic physician knows of no “partiality;” he seeks only the perfection of his art, and he welcomes also the little useful he finds upon any other field than his own. 2. Because he retracted afterwards the application of electricity, and substituted the employment of cold water in its place.

the electric current can be used for the transmission of remedies into the organism, and especially if adapted to the "sick" organism, and under what circumstances.

Mesmerism has also been employed as an auxiliary, by Hahnemann.* The *hunger cures*, effected by abstinence from food, have not up to this time been noticed by the homœopath. Specific medicine has much less received a practical import. The only question has always been to *give* to the organism, but not to *take*. The exclusive dynamical view of the homœopathic doctrine, prevented the rise of the material view, which latter is nevertheless of the greatest importance.

It may be only said, in general, that we are able to produce very important changes in the body, not only by avoiding obnoxious agents, and substituting simple nutritives in their place, but by giving to the organism in particular *only so much* nourishment as will be sufficient for its preservation. By this, in diseases of a so-called material foundation, a great deal is to be accomplished.

I do not mean "the hunger cures," with *Sarsaparilla*, *Mercur. physics*, nor the "eating cure" of Pressnitz and others, but especially Schroth's cure.†

Conclusive Inferences. Could the science distinctly declare, what the art has to do, then it would be decided, if, and to what extent, a mixed medical treatment might be adopted. The whole contest about the so-called "pure Homœopathy" centres here; hitherto only individual views and arguments have been advanced, clothed in final propositions. The latter have, however, no legal sanction; or, at least, only in so far as they concur with the nature of things; if they do not arise

* This consists in eating dry white bread, and drink every few days a little wine or some soup; the patient must suffer thirst and undergo various hydrotherapeutical proceedings. Hereby remarkable changes set in in the secretions. I have so far made only use of this "cure" apart of all other connection; the question is, however, if and how, as a pure dietetic measure, it could be connected with homœopathic remedies. Bicking was the first physician who directed the attention to Schroth's treatment.

† Organon, p. 301, note.

above individual views and opinions, even above individual observations and experiences, then they are to be rejected as restrictions to the freedom of action of the physician ; as the latter's avocation is, to employ any means for the benefit of the patient.

Every physician, who has selected the homœopathic healing art as his field of investigations and labors, has taken upon himself the obligation of coöperating to its establishment and further development ; this is done by confirming what is known, and still more by ascertaining the unknown. This is our task, and there is nothing more left to any one than to perform it according to the extent of his capabilities and powers and the circumstances by which he is surrounded.

As we have however no system, stating to us in advance all possible individualities and diseases, and how to proceed in the individual case, there remains, therefore, nothing more to a rational medical school, than to leave the application of the system to the physician who intends to make use of *it*. All art must consequently remain behind the strict claims of the science.

The reproaches and epithets cast upon the “mongrel-sect,” so-called by Hahnemann, can only be applied to those physicians, who groping about bewildered, not satisfied with themselves, make the patient the football of their ignorance, and who become in the fortunate termination of the disease not the wiser, and in the fatal issue not more conscientious.

In medicine there is no “purity” of *doctrines*, but only of *motives*.

LETTER TO WORTHINGTON HOOKER, M. D., OF NORWICH, IN
RELATION TO SO MUCH OF HIS BOOK, ENTITLED, "PHYSI-
CIAN AND PATIENT," AS HAS REFERENCE TO HOMŒOPATHY.

BY F. MATTHES, M. D.

SIR : — The work which you have lately given to the public, under the title of "Physician and Patient," contains so much that is good, that I think it worth the trouble to call attention briefly to your evident want of information* with regard to homœopathy and its real importance to medical science. I do this publicly, because I think the community may derive benefit from this controversy ; for although I agree with you in the opinion, that those who are not physicians "should be careful not to put themselves in the attitude of *clinical* critics," yet I cannot deny their right to inquire, in general, into the principles by which the different schools of physicians are governed. The doctrine of limited allegiance, which has, within the past ten years, excited so much contention in Europe, would with difficulty ever be established in America ; you have exposed yourself, however, to the suspicion of claiming the position of an absolute supremacy for the "regular physicians," in demanding the confidence of the public, while at the same time you say, (p. 222,) "I presume it is sufficiently clear to the reader, from the views which I have before presented, that the community cannot judge with any degree (!) of correctness directly, of the practice of physicians, — either of the truth of the *principles* on which it is based, or of its actual results." Again, (p. 415,) "The reasons which secure their respect for other sciences fail altogether when they (intelligent men) come to medicine." Of course, in direct opposition to this is the following passage from the code of medical ethics,

* I myself, having been educated in a "regular school of medicine," and having imbibed prejudices against homœopathy, remained for a considerable time ignorant of its value. Hence I can excuse the same ignorance in you. But I will leave it to yourself to find an excuse for having undertaken publicly to attack homœopathy, of which you evidently knew little beyond its name.

(Append. p. 453): "The public ought likewise to entertain a just appreciation of medical qualifications; to make a proper discrimination between true science and the assumptions of ignorance and empiricism." But the reader must accustom himself to contradictions, when it is attempted to sustain an untenable position. I should far exceed the limits allowed me, were I to notice, individually, all the inconsistencies of your book.

The weapon of which you make the most use in your attack upon homœopathy, is, the expression of the low estimation in which you hold its professors as a body. In reply to this, it is needless for me to do more than to refer you to the well known article of Dr. Forbes,* entitled "Homœopathy, Allœopathy, &c." in which he writes as follows, p. 21: "And it (Homœopathy) comes before us now, not in the garb of a suppliant, unknown and helpless, but as a conqueror, powerful, famous, and triumphant. The disciples of Hahnemann are spread over the whole civilized world. There is not a town of any considerable size in Germany, France, Italy, England, or America, that does not boast of possessing one or more homœopathic physicians, not a few of whom are men of high respectability and learning; many of them in large practice, and patronized especially by persons of high rank. New books on homœopathy issue in abundance from the press; and journals, exclusively devoted to its cause, are printed and widely circulated in Europe and America. Numerous hospitals and dispensaries for the treatment of the poor on the new system, have been established, many of which publish reports blazoning its successes,

* John Forbes, M. D., one of the editors of the "Cyclopedia of Practical Medicine," editor of the British and Foreign Medical Review, etc. etc. is one of the most distinguished authorities among the "regular physicians" of Europe and America. In the article referred to, he appears as an opponent of Prof. Henderson, of Edinburgh.

Henderson's "Inquiry into the Homœopathic Practice of Medicine," Forbes's "Homœopathy, Allœopathy," etc., and Henderson's letter to Forbes in relation to the preceding article, may be obtained, in one volume, in Boston, at the office of publication of this journal.

not merely in warm phrases, but in the hard words and harder figures of statistical tables. The very fact of the publication of a *third* edition of such a large and expensive work as Dr. Laurie's proves how widely the practice is spread among the public generally. The last triumph which homœopathy has achieved, is the conversion of the Professor of Pathology in the University of Edinburgh from the old faith."

As regards the homœopathic physicians of America, it may be permitted me, as a foreigner, to say, that though I have resided but a short time in the country, yet I have become acquainted with not a few learned and most respectable men among them. I am also glad to find, (p. 120 of your book,) that of *two* homœopathic physicians with whom, and undoubtedly with whom only, you have been acquainted, one was a man "of good education." On the other hand, however, I do not by any means think myself responsible for all that has been or may be said by injudicious partisans in favor of homœopathy. In relation to this, I claim for the homœopathic physician, that which you claim in general for the judicious physician: "No physician should be held responsible for all the injudicious or mischievous acts, which may be done by over zealous patrons in his behalf." (p. 273.)

In order to avoid all misunderstanding I will state plainly, that I recognize you as one of the best of the "regular physicians," so far as I have been acquainted with you through your book. I believe, in fact, that you do for your patients all that, in our days, a physician can do, who is unacquainted with homœopathy; in particular, I believe that, by means of your knowledge and just appreciation of the constitution of the human mind, you become to your patients, not only "the sympathizing, but the comforting friend." In truth, I should consider it far beneath my dignity, to enter the list against the rabble of those who designate themselves as members of the "regular school."

Enough, however, of the personal qualifications of the phy-

sicians of the opposing schools. The question is not, what can be effected by the physician whose *individual* circumstances are favorable to his usefulness, but in what direction will he be best able to develop his individual advantages in the curing of disease. As things now stand, — I mean, as the division of scientifically educated physicians into two great parties is manifest to all — this inquiry is one of great importance to the community. Indeed, it is to be wished, that every one should inform himself, so far as possible, with regard to this matter, before he is under the necessity of calling in medical aid for himself or his family, and your remark is a true one: “In the practice of medicine there are some points upon which there should be a common understanding.” *

When I reflect upon the obstacles thrown in their way by physicians, with which the founder of homœopathy and his first disciples had to contend, before they could so far overcome old and deeply rooted prejudices as to gain even a standing place for the new doctrine, I cannot but think, that the homœopathic physicians of America owe you their thanks, in this point of view, for having done so much to open the way to them in future. With the most unsparing candor you have, throughout your book, exposed the weaknesses of the “regular school,” which (p. 237) you justly call “an abstruse science.” To those who have hitherto been doubtful whether they have done right in turning their backs upon the “regular school,” the perusal of your work may be confidently recommended.† It is true that you *assert* in many places, that the *truly* judicious physician will avoid all those dangers into which the erroneous doctrines of the old system would lead him; but with this empty assertion one must rest contented. You have made no *satisfactory* statement of the leading principles by which the “*truly*” judicious physician is to be guided among “*the fantastic and*

* Δει δε ου μονον παρεχειν τα δεοντα τον ιατρον, και τον νοσουντον, και τους παρειαυτας, και τα εξωθεν. Hippocrat. Aphor. I.

† The work of Dr. Hooker may be obtained at the store of Otis Clapp, Boston.

ever changing shapes of empiricism ;” and we are compelled to conjecture, that you trust mainly to “ a sort of mysterious tact or skill, innate in the man, and not required like other knowledge.” You affirm, (p. 418,) “ So *accustomed* is he to make the requisite discrimination, that his efforts in *positive medicine* are well directed, and are almost sure to accomplish their object.” I appeal to all the reflecting readers of your book, whether we are not driven to this assumption of a “ mysterious tact,” since, in the following sentences, you have deprived the “ regular school ” of every support which it has derived hitherto from an *appearance* of being based upon scientific principles. You say, (p. 31,) “ The nature and mode of operation of the *causes* of many diseases are involved in mystery, and are subjects of discussion and dispute among medical men.” Again, (p. 43,) “ If there be so much liability to error in a disease so simple and uniform as smallpox is, it is still greater in those complaints which are more complicated, from collateral and accidental influences and affections. Perhaps I cannot adduce a better example for our purpose than is to be found in scarlet fever. There is no disease, the history of whose treatment shows so strikingly the *uncertainty of medical knowledge and experience* as this does. The most opposite and various remedies and modes of treatment have been lauded as successful, in standard medical works, and in medical journals, and multitudes of *certain* cures have been proclaimed in the newspapers. What is praised by one is condemned by another ; and it is the individual experience of every rational and candid practitioner, that a mode of treatment which at one time is attended with marked success at another is wholly unsuccessful.” (Page 45,) “ I need not spend time to show how the same uncertainty must embarrass us, to a greater or less degree, in our investigations of all other diseases.”* (Page 49,) “ The recorded experience of the medical profession is therefore

* Who does not here think of the manifold treatises upon cholera, which have emanated from the “ regulars.”

encumbered with a mass of errors.” (Page 202,) “There is no science in which there has been so much theorizing, as there has been in that of medicine. Its *history* seems to be almost altogether a history of untenable theories.” (Page 217,) “The medical profession has had too much to do with *theories*, and modes, and systems. Every prominent theory can be shown to be unsubstantiated by facts, and is therefore valueless. Every mode or system of practice, however numerous are the facts which are adduced for its support, can be shown to exclude many facts of a valuable character; and being thus exclusive, it must lead to practical error. All these systems, therefore, *should* be discarded. A true *eclecticism* *should* (!) be introduced* into medicine, *and it should have relation not to opinions and theories, but to facts only. Whenever a fact is really ascertained, it should be treasured up in the store-house, ready for practical use. If it be apparently inconsistent with other facts, this is no reason for rejecting it.*”† (Page 218,) “And after all, though it may gratify curiosity to know *how* a medicine cures disease, it is comparatively a matter of little importance.” (Page 219,) “The virtues which are attributed to a *large* portion of the remedies in use, *require to be tested*,‡ in order to strip the statements which are made in regard to them of all that is inaccurate and false. Much of the positive medication of the present day *will* probably be proved by the tests of a rigid observation to be *aimless*, but *by no means harmless*.

If now all the reasons which have hitherto contributed to inspire confidence in the positive medication of the “regular physician,” are found insufficient; if the “regular physician” knows little or nothing of the *causes* of disease; if the *experience* of former ages is deceptive and worthless; if all *theories* have resulted in nothing; if the *virtues* of most remedies require to be further tested, (and tested upon the sick) (!); if “a

* What is a “true” eclecticism, and *when* is it to be introduced?

† Would not one think that Dr. H. is a partisan of homœopathy in disguise?

‡ According to Dr. H. (p. 218,) “at the bedside of the sick:” I pity the patients who are to be subjected to such experiments.

true eclecticism" *must first be introduced*, — how in the world can the "regular system" claim, as a science, that we should now place any confidence in it? Does not such a claim remind us of the French romance of Soulié, in which a young lady claims to be beloved *not* for her youth, *not* for her beauty, *not* for her talents, *not* for her wealth, — in a word, not for any reason whatever, — but merely for herself?

But even the "true eclecticism" that "should be introduced into medicine," and which "should have relations not to opinions and theories, but to *facts* only," is not calculated to call forth our immediate confidence, if it rest upon no better facts than that to which you appeal, (p. 218.) You say, "No fact in medicine is better established than that *Arsenic* in almost all cases cures hemicrania, or periodical neuralgia on one side of the head." This "fact" may be of some value in the circle of your practice in Norwich, where nearly all cases of hemicrania may be of such a nature that *Arsenic* will cure them; but as regards the treatment of the same disease in the rest of the world, it is a most doubtful remedy. Canstatt, a distinguished German writer upon Pathology and Therapeutics, says, (Vol. iii. 1 p. 90): "The direct medical cure of hemicrania must be effected by means of the peculiar anti-neuralgica, the alterantia nervina; by *Stramonium*, *China*, *Iron*, *Arsenic*, *Salt* or *Sea-bathing*, the *Chalybeates*," etc. etc.; "the obstinate character of the disease, however, renders its cure by any medication uncertain."

However much you may boast of the skill of the "truly" judicious physician, *so soon as he comes to the practice of positive medication* he is governed by no certain law of cure, and therefore *essentially* does not differ from the mere quack. Forbes has expressed himself as mildly as possible in saying, (l. c., p. 51): "This department of medicine (therapeutics) must, indeed, be regarded as yet in its merest infancy;" more strongly indeed, he says on the following page: "Things have arrived at such a pitch, that they cannot be worse. They must mend or end."

It was then not only justifiable but necessary, that an attempt should be made to rescue medicine from this confusion of "fantastic and ever-changing shapes of empiricism," and to set it upon a truly scientific basis. This being so evident, why is it, that, when the attempt is successful, — when a certain law of cure has been discovered, — the members of the profession themselves are the most obstinately opposed to this progress? The riddle is explained, when we reflect how deeply rooted generally are professional prejudices; and all know how unwillingly men give up old ideas and opinions. Highly significant was the inscription placed by the ancients over the entrance of the temple of wisdom, — "*Sapere aude.*"

Homœopathy is not a footpath which accidentally runs parallel to, and by the side of, the old system; it is a straightforward advance of medical science, nay, of natural science in general; teaching how diseases are to be cured by the employment of positive remedies, according to fixed principles. By the law, *similia similibus curantur*, based on the proving of medicines upon the well, the science of Therapeutics has been elevated to a place among the exact sciences. Henceforth it will rest upon the sure basis of experiment, and is made capable of development like natural philosophy, chemistry, physiology. Results once ascertained are ascertained for ever, and later investigators may use, while they add to, the discoveries of the earlier.

The proving of medicinal agents upon the well, was recommended long before the time of Hahnemann, and, indeed, by the founder of modern physiology, Friedrich von Haller; Hahnemann has the credit of having been the first to put it extensively into practice. Of late years the "regular physicians" have now and then made similar investigations, but their experiments, so far as their practice is concerned, have been productive of nothing. Professor Jörg, indeed, of Leipsic, who prosecuted such experiments to a considerable extent some twenty years ago,* warns his brethren against the use of *Assa-*

* Jörg: Materials for a future *Materia Medica*.

foetida in hysteria and hypochondria, and of *Acid. hydrocyan.* in inflammation of the air-passages, “because these remedies have produced similar diseases in the well!” We find like warnings in the *Therapeutique* of Trousseau and Pidoux, (new edition, Vol. ii. p. 36 and 43.) “*Opium* is one of the best anti-emetica; but it must be remembered that in itself it is an active excitic of vomiting.” “Whytt praises *Opium* in the metrorrhagia that follows miscarriage or childbirth. We confess that we cannot explain this operation of the drug; especially as we have ascertained, by experience, that it will produce the menstrual discharge.”

The law, *similia similibus curantur*, or that in each individual case, a medicine should be chosen that can excite an affection similar (*ὁμοιον παθος*) to that against which it is employed, — is “proved by a series of observations as a fact,” and is not a “theory” as you call it.† Many instances of cures effected in accordance with this law, (though itself unknown,) long before the time of Hahnemann, may be found in the *Organon*, (3d Am. edit. p. 59 – 91.) As a mere conjecture the law also had been advanced long before Hahnemann, (l. c. p. 92.)

When Hahnemann first began to practice according to the law, *similia similibus*, he made use of doses but little inferior,

† In relation to your doubt whether certain forms of intermittent fever are cured by *Cinchona* and *Quinine* upon homœopathic principles, I am able to present you the following statements. At the manufactory of sulphate of quinine, at Frankfort on the Main, the greater part of the workmen, when first employed, are attacked with intermittent fever. Subsequently, however, they become so accustomed to the emanations of the drug, as to be insusceptible to its influence.

Again, in the *Revue Médicale de Paris*, (March, 1840, p. 461,) we read: “A word with regard to a peculiar observation which we cannot pass over in silence, because it has a bearing upon certain ideas whose discussion is of interest to science, though they seem to point towards homœopathy, which by no means we advocate. Mr. Piorry denies positively that *Sulph. of Quinine*, produces intermittent fever in well men. However singular this effect may appear, we can declare that we have seen many instances of it, and in support of our assertion we are happy in being able to appeal to the authority of Mr. Hippolyte Gaudorp, one of our most distinguished military physicians. It appears, from experiments made by this gentleman upon himself, in the year 1828, that sulphate of quinine has the power of producing genuine paroxysms of intermittent fever, (*véritables accès de fièvre intermittente*), in individuals who are in a state of sound health.” *Ed. Aubert, M. D.*

in point of volumen, to the smallest doses of the old system. By *experience*, however, he was soon convinced, that he could better effect the end at which he aimed, — namely, the curing of disease without exciting severe medicinal symptoms, — by the use of smaller and still smaller, and even — to the senses — inappreciably small doses, than by means of such as were more palpable. Since Hahnemann, many homœopathic physicians have begun their practice under the new law, with more or less palpable doses, and gradually proceeding from the lower to the higher attenuations, have been led by their experience over the same ground previously traversed by the founder of the system.

Dr. Watzke, one of the editors of the Austrian Journal of Homœopathy, in relation to some very careful provings of common salt, says: “Finally, as regards the size of the dose of this substance, I am reluctantly, — I say *reluctantly*, as I should much rather have advocated the larger doses, being in accordance with the common view of the subject, — compelled to declare in favor of the higher attenuations.*

I cannot refrain from quoting here the following passage from Paracelsus, as it has a bearing upon the question before us. It is only of late years that his merits have been appreciated in Germany by different physicians of the “regular school.” He was the first to contend against the absolute sovereignty of Galen in the province of medicine, and to make use of the German instead of the Latin language in his lectures; among his professional contemporaries he was styled the Luther of physicians; his motto was, *Al'terius non sit qui suus esse potest*. Paracelsus says: “Medicine must operate upon the body like fire, and must act as powerfully in diseases as fire acts upon a billet of wood. Now, the spark has no weight. As the spark acts in the wood, making itself greater or less, according to the quantity of the wood, — so also the medicine. Who attributes this to the weight of the spark? No one, since it is due to its virtue.”

* Oestr. Zeitschrift. für Hom. iv. 1, p. 251.

Professor Schultz, of Berlin, of the "regular school," one of the latest writers upon *Materia Medica*, has placed the same maxim, though expressed in different words, at the head of his work, of which as yet only the first volume has appeared. "If it is true," says Dr. Mosthaff, "that Paracelsus was a drunkard, as is related by some of his contemporaries, yet it must be confessed, that there are teachers who have been sober all their lives and who have never said so wise a thing."

You will observe, sir, that medicines, prepared according to the directions of Hahnemann, are not "more powerful," so far as regards their chemical or mechanical operation, for which nevertheless the physician must in some cases employ the substances;* but they are more powerful, so far as regards their ability to produce in the *living organism* certain reactions, producible only by the smallest doses, and of which reactions the physician makes use in effecting a cure. I ask you, whether, in the treatment of certain forms of diarrhoea in young children, large or small doses of *Rhubarb* are "more powerful?" In treating syphilis, which are the "more powerful," large or small and less frequent doses of *Mercury*? You say, (p. 57,) "The variations, in these respects, required by different cases, have a *wide range*." They have, indeed, a very wide range; much wider than you, in your school-wisdom, have ever dreamed. But, verily, the truth with regard to the effi-

*For instance, when it is desired to neutralize chemically a certain quantity of poison taken into the stomach, the homœopathic, as naturally as the "regular" physician, will employ a corresponding quantity of the antidote. I will say here, once for all, that the homœopathic practitioner rejects nothing which may reasonably be expected to benefit the sick. *All the means possessed by the "regular" physician are also at his disposal, and beside these he also possesses knowledge and means which place him far above the other.*

The word Homœopathy, as a name for a chief law of cure, will never go out of use. If, however, in the course of forty or fifty years, the fanatical opposition of the "regulars" shall become a mere matter of history, it will then be no more necessary to speak of "homœopathic" physicians as physicians of progress. Until then, we are compelled to call ourselves "homœopathic" physicians, proud of belonging to the party which is fighting for progress and truth in the province of medicine.

cacy of infinitesimal doses will never be revealed to you in a dream. *Practice, and then judge!*

Pardon me, sir, if in speaking of homœopathy, I have assumed the position of a demonstrator of facts, instead of having critically analyzed your sixth chapter, which treats upon this doctrine. As you know little of homœopathy beyond its mere name, all which you have said with regard to it is — *sit venia verbo* — beneath all criticism. Besides, you do not really differ so widely from homœopathic physicians in some of your conceptions, as you yourself imagine. The cases, page 308, (a melancholic woman cured by the misfortune of her husband,) and page 314, (revelation by revelation,) and many similar passages, prove, that in regard to psychical diseases, the law, *similia similibus*, has impressed itself upon your mind.* But, that diseases of the mind are subjected to laws essentially the same as those which control diseases of the body and *vice versa*, I need not stop to demonstrate to a reflecting physician like yourself. If you properly weigh this last law, even the small doses of homœopathy may appear to you less extraordinary, since you say, (p. 297,) “Slight causes, therefore, which would produce little or no effect upon the mind of one in firm health, may effect *strongly* the mind of a sick man.” Again, (p. 313,) “all *direct* (!) and *palpable* efforts to make the gloomy invalid cheerful, are almost always unsuccessful; and yet it is such efforts that are most commonly made use of by the friends of the sick.”

What you say with regard to the success of homœopathic practice, is so satisfactory, that I am spared the necessity of offering statistical evidences in its favor, an abundance of which might be presented. You say, (p. 137,) “But, it is true, I most cheerfully allow, that homœopathy is more successful than any *exclusive* system of practice, which is characterized by

* The saints do not cure *contraria contrariis*, as is the practice of mortal physicians, but *similia similibus*. *Acta Sanctorum*, Antwerp, 1958. Jan. p. 1092.

positive medication ; but, it is not true, that it is any thing like as successful as a cautious *eclectic practice*.” Now, the practice of the “regular physicians” is *exclusive* ; for they obstinately refuse to make any advance in which homœopathy is their guide. On the other hand, the homœopathic physician rejects nothing that has been tried and approved at the bar of reason and experience. But the “*cautious eclectic practice*,” as we have before shown, is *yet to be* introduced, and it is premature to reason now of its results.

Your remarks, p. 139, upon the homœopathic treatment of cholera, give me an opportunity to state a circumstance that is fitted to place in the brightest light, homœopathy in general, and Hahnemann’s acuteness in particular. In the year 1831, when the cholera was raging on the borders of Germany, that is, in Galicia, Hahnemann, *before having seen a single case of disease*, recommended, in a letter dated Cöthen, 20th June, that *Camphor* should be employed as a remedy in certain forms of cholera. This recommendation was based upon the symptoms of the disease as reported to him, on the one hand, and upon the proof-symptoms produced by *Camphor*, on the other. He refers, expressly, to a particular series of symptoms, detailed under the article, *Camphor*, in the *Materia Medica* Vol. IV. In another paper,* which appeared shortly after, he decided that the best method of administering it was, one drop of *Spir. camph.* (one part *Camphor* to twelve of *Alcohol*,) to be given, at first, at least every five minutes. This shows how exactly he was able to appreciate both the action of the remedy and the nature of the disease ; for, with a few exceptions, perhaps, it is just in this manner that *Camphor* is used now in cholera by homœopathic physicians. Hahnemann did not stop here, however, for he knew well, “that each case is to be managed as an individual case.” In the same treatise, therefore, he points to *Veratrum*, *Cuprum*, and several other

* Treatment of, and Protection against the Asiatic Cholera.” Sent to press by Dr. Von Bönninghausen. 1831.

remedies ; indeed, he left but little to exercise the judgment of his followers, in order to insure for the homœopathic treatment of this dreaded disease, the most brilliant and striking success. It was this success which was a chief cause of the extension of homœopathy not only in Germany, but through the whole civilized world ; and if any one can still doubt with regard to the value of homœopathy, a glance at the comparative success of the different modes of practice in cholera, must convince him, if he *will* be convinced. We hope soon to receive from another pen, a review of the results of the treatment of cholera, with reference to the late epidemic. During the former epidemic in Europe, the average mortality under homœopathic treatment was 6 in 100 ; under the “ regular,” 49 in 100. (*Buchner's Results of Treatment*, etc. Munich. 1843.) How miserable a part, as regards both theory and practice, has been played by the “ regular school ” in the various cholera epidemics, even down to the present day, and even *subsequently to the publication of the mode in which Camphor is used by homœopathic physicians*, is fresh in our memories ; we will, therefore, say nothing of it.

I will close with the following excellent passage from your book, (p. 274,) “ Neither controversy in regard to opinions, nor competition in practice, necessarily implies contention. Though the controversy may be earnest, and the competition active, so long as the former is honest and candid, and the latter is honorable, they will not impair the harmony of the profession, and they will *greatly promote the cause of truth, and the interests of medical science.*”

Most respectfully, &c., .

F. M.

BOSTON, Mass., Dec. 1, 1849.

ON THE EXTERNAL APPLICATION OF COLD WATER IN DISEASE.

BY ISAAC COLBY, M. D., SALEM, MASS.

THIS remedy possesses an energy and power, in the treatment of a variety of diseases, with which no other can bear comparison.

It is especially adapted to those of a spasmodic and congestive character.

To illustrate the subject I will give a few cases from my own practice.

Sept. 1849. A child, two years old, had perfect spasms of all the voluntary muscles. The eyes were wide open, turned upward, and trembling; every limb was in violent agitation; there was violent throbbing of all the arteries; great heat, and the whole body and clothes were deluged in perspiration. The child could not swallow, and had been in this condition more than two hours. The clothes being removed, I had the child held over a tub, and commenced pouring cold water from a pitcher, over its head and shoulders, letting it run down its body, till the child became very cold and purple, and till a perfect ague fit was evidently substituted for the original disease. I then wiped, and wrapped it in blankets, and put it in bed, till reaction should restore the natural temperature. And after a sleep of one or two hours, it awoke, with full possession of its intellect

Several months afterward, the same child had another attack, and the family made experiment of the same treatment, but without success; and after the paroxysm had lasted five hours, I was again called and the spasms subsided as before.

One other cure of more than ordinary violence. *July*, 1848. A child, short of two years, — spasms very severe — great heat and perspiration. I poured upon it cold water for half an hour without effect, there being no symptoms of chill. And the tub being nearly filled, I immersed the child in the water, and

continued to pour upon its head about twelve minutes longer, when it began to tremble all over with cold. I then put it in blankets, and when warmth returned it was free from spasms. And such has been the result in every case I have treated.

From the nature of the case, cold water must be the specific for ordinary spasms from nervous irritation, or congestion of the brain. As the application of cold water can always be made to produce its characteristic spasmodic action, (convulsive shuddering) and as two independent spasms cannot exist at the same time, in the same organism, the original disease must cease when the spasms from cold commence. It cannot fail of this result. And, moreover, when the whole circulating fluid is reduced several degrees below the natural standard, the congestion is somewhat mechanically relieved by the reduction of volume. Almost decided proof that cold water is the specific is, that the *cure is perfect*. Instead of eight, twelve, or twenty-four hours stupor, after a quiet sleep of two or three hours, the patient wakes with clear intellect.

Of spasms of children, I have treated more than fifteen cases with cold water, and in all this has been the uniform result. But in some cases, where a strong exciting cause still exists, the spasms may return after the patient has become warm. I have seen but two such cases.

I have had no experience with cold water in puerperal convulsions, but should an opportunity present, should expect a favorable result.

I have recently prescribed a few times for a young woman having the multifarious symptoms known by the name of spinal irritation. And among others, she had attacks of trembling. It commenced regularly, about eleven in the evening, in the left ankle, with a peculiar sensation. A jerking commenced in the limb, which soon extended all over her, and she trembled as if she were in a violent ague fit without feeling cold. This was her daily regular paroxysm, besides which slight ones would be brought on by the least excitement. She had cold water

poured upon her thirty-five minutes, which entirely eradicated that feature of the disease, and she says she has not been so well for many months.

I believe cold water is a specific in spasmodic croup. And so far as my experience has gone, it is adapted to all stages of the disease, so long as sufficient vitality remains to secure reaction.

April, 1847. A child two years old, was attacked in the night. I prescribed the second day, thirty-six hours after attack. Domestic remedies had been used, and an emetic given. Respiration was exceedingly oppressed and suffocating, face bloated, lips purple, and cold sweat was pouring out and standing in great drops and running down its face. I had it held over a tub, and poured upon it cold water till it became very purple, and trembled exceedingly, so that its mother declared it was in a fit, and that I was killing her child. I then put it in blankets, and after fifteen or twenty minutes, finding reaction was making slow progress, I applied warmth, and at length free perspiration broke out, and the cure was perfect. I had him sponged in cold water and no croupy sound again appeared.

To what extent cold water may be made use of in colic, experience has yet to decide.

In *June, 1848*, a young man was attacked with colic, and having been subject to the disease, he undertook the treatment himself, with cathartics; but vomiting every thing he took, he abandoned it, and submitted himself to the various remedies which the family and neighbors thought proper to prescribe, — as Gin, Brandy, Thomsonian med. etc. But getting no better, after twenty-four hours I was called. He appeared in great distress — said he had not had a moment's sleep, or rest, since the attack. After one dose of *Coloc.* in twenty minutes he was asleep and slept two hours, but awoke in pain. I attended him twenty-four hours without giving permanent relief, — the pain would sometimes be relieved, but would soon return. I imputed the failure to his having been saturated with powerful drugs,

which remained in the stomach and neutralized the appropriate remedies. I ordered an injection of cold water, two quarts, and told him he could and must retain it. The cure was instant and perfect.

June, 1849. A child, aged seven years, was attacked with vomiting and diarrhoea. Not being able to obtain the physician usually employed, nothing was done for sixteen or eighteen hours. The child, when I saw her, had been in a stupor through the day; could be roused, but in a moment was asleep again; pulse 150; frequent startings; profuse perspiration. The diarrhoea and vomiting still continued, and there was evidently great congestion of the brain. I gave *Verat.* followed by *Ars.* In four hours after, she was still growing worse; pulse had risen to 160; the stupor was more profound, and frequent startings gave strong indications of approaching convulsions. I poured cold water upon her, till she trembled all over with cold; then wiped and wrapped her in blankets, till reaction took place and free perspiration, when she was washed in cold water till she was cool. Her sleepiness disappeared — her pulse was very much reduced — her temperature was natural, and her whole aspect was changed. She had a comfortable night, and was very much better the next day, and continued to improve. But two days after, I still perceived her mind was not right. She would frequently scream in a loud and most unnatural voice, without apparent cause, and could not be quieted. I had her again placed in the tub, and poured water upon her fifteen minutes, till she was very cold, when this symptom was entirely removed, and in a few days she was well.

March, 1849. A child, six years old, took a severe cold; had headache; was delirious during the night. Next day, feeling better, went out and exposed herself again. The headache and delirium returned; was sick at the stomach, and had pain in the left thigh; at times, would start up and strive to leave the bed. Next day, pain in thigh, which was somewhat swelled, and exceedingly sensitive to the least movement or jar.

There was a steady, throbbing pain, and great heat in the part, and every few minutes he would scream out in agony. The pain at times was excessive. The symptoms left no doubt of its being inflammation of the periosteum, that would soon end in death of the bone. I poured cold water on him twenty minutes, till he was very much chilled; and, when reaction had taken place, he was washed in cold water till he was cool again. I then put him on a mat, with a tub under the bed to receive the water, and had a small stream of cold water constantly poured upon his thigh, night and day, to keep it cool. The second and third days I poured cold water *all* over him as before, and after reaction, each time, still continued the local application of water. After a few days he was well.

All cases of congestion of the brain, in children, which too often terminate in effusion and death, are promptly relieved by one or two applications of cold water, if applied in the early stage of the disease. Also, all catarrhal and lung affections. And, judging from the experience I have had, I think almost any case of typhoid fever can be arrested and cured in an early period of its progress by cold water. I will give a case. A robust, healthy man, a carpenter by trade, aged 35, had the unmistakable symptoms of typhoid fever, of a grave type, which had been increasing on him several days; hot and dry skin; great restlessness; severe pain in the head, with delirium; did not know where he was; nausea and vomiting; could not sleep, and yet was comatose. I applied cold water in the morning; he became exceedingly hot and restless after it, but no perspiration followed. In the afternoon, I applied it again, with the same results as before; very great heat, which heated the covering through with which he was enveloped; great restlessness and delirium; tongue coated and dry. I ordered his nurse to stand at the head of his bed, with a pitcher in hand all night, and without intermission continue to pour a small stream of cold water on his head, having a tub under the bed to receive the water as it run through. I think she was faith-

ful, for the man's linen and bed, even, as far down as his hips, were well soaked in water. But he was still as hot and dry as before where the water had not reached him. In the morning, I got him into the tub the third time, and poured on the cold water, and in two hours after he was wrapped in blankets perspiration appeared copiously all over him; the symptoms of disease disappeared, and in a few days he was about his business. I have had one other case, which required three applications of water, and the disease was broken up.

The manner of application. I have the patient stand upon a stool in a tub, that the feet may not be immersed in water; or if too feeble to stand, let him sit on the stool with his feet in another tub. It is better for the patient to be without covering; but if there is objection to this condition, a towel pinned about the loins, or a sheet spread over the shoulders, would not be much impediment to the cooling process. I then pour the water from a pitcher on the head and shoulders, letting it run over the whole body till the flesh feels very cold, and the patient trembles, and continue it for a long time after the pulse has ceased to beat in the wrist. Some will begin to tremble with a sort of sympathetic shuddering, in five or six minutes after I begin to pour, while the flesh still feels warm to the hand. The flesh never gets cold in a shorter time than fifteen minutes. It requires from fifteen to twenty minutes in the winter, when the temperature of the water is near the freezing point, and from thirty to thirty-five minutes in the summer. It requires from three to five buckets of water. There is a remarkable uniformity in this respect, in all cases. Infants require about the same time as adults. The object of the water is to cool the whole body considerably below the natural temperature. After the temperature is considerably reduced, the patient is wiped dry and wrapped in blankets and other bed coverings in abundance, and suffered to remain till reaction and free perspiration take place, which usually require two to four hours. If the feet remain cold more than an hour, I apply

to them warmth. As soon as perspiration has taken place over the body and extremities, I know reaction is perfect. I then have water applied, either by sponging or pouring about five minutes, till the surface is well cooled. Then wipe and put on the ordinary covering. The beneficial effect is generally in proportion to the perfection of the reaction.

I have said nothing of the use of medicine. I usually give *Acon.* once an hour after the patient is enveloped in blankets, till perspiration commences, and such other homœopathic medicines during the treatment as the case seems to require.

I use cold water in this manner only in diseases of more than ordinary severity, either when the life of the patient seems to be in danger, or when it is necessary to arrest and shorten the progress of a violent disease. I think I have applied it not less than one hundred times during the last three years.

In what consists the curative power, is not in all cases at first apparent; but it would seem to be in reducing the vital organism into that pathological state which constitutes the first elements of the more grave and violent attacks of disease, a chill, and subsequent effort at reaction. This being an artificial chill, and the power that caused it having ceased, the reaction that follows is complete. An artificial, pathological condition is established, simulating the original disease, and occupying the functions and organisms which that has occupied, and which is wholly removed by the reaction which follows. Now, if this is always found to be followed by the removal of the disease, or an approach to a state of health, what can it be but a homœopathic cure? The effect of cold water in the cases of chronic spasms, related above, seems to me to be among the most splendid and perfect illustrations of homœopathic cures that can anywhere be found.

C A S E S .

BY PROF. DR. MALY, OF GRÄTZ.

Translated by H. L. H. Hoffendahl, from the *Hygea*.

Carditis. A weakly, light complexioned boy, of twelve years, who was frequently troubled with catarrh, was attacked by an inflammation in the chest in the winter of 1845, and during his sickness was frequently bled. He recovered, but retained a slight cough in consequence of his disease.

On the 20th of January, he was taken with a slight fever and sore throat. On the third day *rubeolæ* appeared, which grew easily and came off, after the use of *Belladonna*; 3 drops of the 2d dilution, mixed with four spoonsful of water, a teaspoonful being administered every 3 hours. On January 31st, he was well enough to leave his bed, but his old cough still continued. Four days after he went out, on a mild day, but already on the next day, his face appeared swollen and his abdomen somewhat distended. His nights were restless, and urine passed freely. I used *Helleborus* with good effect, (3 drops of the 1st dilution mixed in a glass of water, 1 teaspoonful every three hours.) On the morning of Feb. 11th, I found more than six lbs. of urine, but the boy complained of nothing except the usual cough. His appetite was good, and he had four easy evacuations during the last 24 hours. He amused himself with his playmates during the whole day, and before retiring at night, took a glass of milk. But soon after retiring, he was seized with violent palpitation of the heart, and great anxiety. When I saw him an hour after, I found him sitting at a table, with his head bent forward, and his heart beating *very violently*. The pulse could not be counted, and was irregular; the face was pale, and expressed excessive fear; the patient was almost fainting, and was continually moaning, without being able to express his sensations. He wished to drink very often, but only took a little at a time.

There had been no urine all day. Inflammation of the heart could not be mistaken. (The stethoscope! ? — ED.) I gave the 1st dilution of *Aconite*, 1 drop every hour. The patient was very uneasy during the night; he remained on a chair most of the time, resting his head on a cushion, which was placed on the table, and his feet hanging down.

In the morning the violent emotions had somewhat subsided. There was no urine during the night. The stethoscope testified to the presence of carditis. Accumulation of water could not be detected. I continued the use of *Aconite*, and declared that I thought a consultation necessary. In the afternoon of February 12th, (the second day of sickness,) another homœopathic physician and an alloëopathic one were sent for.

Although I had treated the family, with whom the boy boarded, homœopathically for years, yet the relations of the boy wished to have an alloëopathic physician called in, so that the parents, who lived in the country, at a great distance, could make no complaints.

We two homœopathic physicians declared, that the relatives ought to determine whether the patient should be treated homœopathically or alloëopathically. As the last was determined upon, the alloëopathic physician prescribed bleeding and *Tinct. digitalis*. If this had no effect, our remedies were to be used. On account of the great weakness of the patient, and also from the fear of the appearance of *Hydrocardia*, we objected to the bleeding. Therefore, *Tinct. digitalis pura* was alone prescribed, 5 drops every hour, with the direction of the alloëopathic *ordinarius*; that if there was no improvement in a few hours, 10 drops an hour, with water, should be given!! A blister plaster was also placed in the region of the heart.

On February 13th, (third day of sickness,) I was called at five in the morning, because the patient was still getting worse. He had remained sitting the whole night, with his head bent forward. The restlessness, anxiety, and disturbed motions of the heart, were stronger than on the day before, especially when 10

drops of *digitalis* were given him. The patient was continually groaning. During the night he had made about 2 spoonful of urine. The blister plaster had scarcely reddened the skin. Under these circumstances I immediately ordered what had been proposed the day before, *Tinct. spigeliæ* of the 6th dilution, 6 drops in 4 ounces of water, 1 teaspoonful to be taken every hour.

It was wonderful to observe how decidedly, notwithstanding the 10 drops of *Digitalis*, which had been given hourly, during the whole night, the first dose of *Spigelia* affected the patient after the lapse of *half an hour*, to the great astonishment of those present.

At noon, at the consultation, the condition of the patient was found better than on the day before, and the alloëopathic physician also agreed that *Spigelia* should be continued. In the evening, 2 more spoonful of a thickish urine appeared; thirst moderate; no appetite, no stool.

Feb. 14th, (fourth day of sickness.) The night was passed more quietly; the patient could even remain several hours in bed, where he slept, although moaning constantly. He made about 6 ounces of a dark thick urine. In the morning, he demanded some milk, for the first time. *Spigelia* was continued. At 11 in the morning exacerbation took place. But, comparatively, this day was passed better, although the patient was obliged to spend it sitting. During the day he had a soft evacuation; urine as in the morning.

Feb. 15th. At 6 in the morning, greater restlessness and fear, which was removed by *Arsen.* (6th solution.) At the consultation, at 10, A. M., the patient was found as on the day before. From reasons which will be mentioned below, I proposed *Aqua laurocerasi*, of which 1 drop was also given every hour. In the evening, I found the patient much quieter, and the violence of the palpitations lessened. At noon the patient took some broth, stool soft, urine as before.

Feb. 16th. The patient slept almost the whole night; could

lie in bed on his side, but with his feet hanging down ; his feet had become quite stiff from hanging down so many days. During sleep, he had perspired about his head, and complained less than during former nights. In the morning, he drank two glasses of milk. Beating of the heart and pulse less violent. He spent the day sitting ; he begins to have an interest in what surrounds him, and sometimes plays.

Feb. 17th. Spent the night in bed, but complained a great deal. The uneasy feeling in the breast is lessened. His short cough appears stronger. Appetite —. From this time he spent all his nights in bed. The moaning, during sleep, decreased more and more. He had an evacuation daily, and urine flowed daily, forming a cloud. The irregular and violent motions of the heart, and his uneasiness became still better, so that on February 24th, he could complain of nothing, and began to walk about the room. The *Aqua laurocerasi* was still continued, at greater intervals, every two or three hours, and finally, twice a day ; during which time the disease was so entirely removed, that the patient was enabled to return to school about the middle of March. His breathing is quite free, pulsation of the heart and arteries regular, disposition lively, and his former chronic cough has also disappeared to a great extent.

On the fourth day of sickness I used *Aqua laurocerasi*, when *Spigelia* had no effect, because I had frequently observed that the former was very useful in cases of inflammation of the breast and abdomen. *Aqua laurocerasi* is excellent in many diseases of the lungs, especially in *phthisis florida*, also in diseases of the stomach, the intestines, and the liver, and in many cramps and convulsions which have their origin in the abdomen. I remembered these observations, and also a case where carditis was cured by *Acidum hydrocyanum*. I therefore proposed this remedy to my colleagues, two of whom were alloepathic physicians, and it was so effective that nothing more could be wished for.

This disproves the assertion of Kreisig, that an inflammation

of the heart, of great intensity, can only be remedied by *a considerable degree of debilitation*. After the effect produced by *Aqua laurocerasi*, we can assert, with certainty, that every other, especially the weakening (i. e., blood-letting,) method, will have a less beneficial, if not an unfavorable effect.

Insolatio. Dr. Attomyr asks (Archiv. XX. 2. H. P. 105) whether in a case of *insolatio*, the application of warm cloths to the head would not be just as effective as the use of ice in a case of freezing? I have made no observations on this treatment, but will relate what I have found very effective. A few years ago, I was standing, for a few minutes, under a hot, noon-day sun, a short time before dinner. This occasioned such a violent headache, that I was unable to go to my meal. In this condition, I recollected the use of *Spiritus vini* for burns. I poured a spoonful of it into a glass of water, which had been in my room in the warm air, since an early hour in the morning, and washed my forehead, and the front part of my head with it. I was surprised by the quick effect of this treatment, for the pain was literally *washed away*, and I was perfectly well in less than a minute. The disease and the cure was the work of a few minutes, and the quick cure was the effect of the hasty application of the remedy. I had occasion, after this, to use this remedy in two other cases of this kind, where it was quite effective, although applied later, and, in one case, after the lapse of two hours. I doubt if the application of warmth, by means of warm cloths, would have been so useful.

Frozen limbs are restored with snow. The question is, how is the cure to be explained? Does the coldness of the snow cure? Some explain this effect, as follows: that snow is the conductor of the least degree of warmth, and that we must begin with this least degree, so as to warm the limb step by step.

The *form* of the remedy, seems to be of great importance in burns, among which, *insolatio* may be reckoned, and it would be well to determine by further investigations, if the opposite form is not the quickest and most effective remedy, i. e., *wet*

warmth applied to *dry*, and *dry warmth* applied to *wet burns*, and thus, also, *wet cold* (snow) applied to *dry freezing*. In the above-mentioned cases of *insolatio*, in consequence of dry heat, *Spiritus vini* produced a speedy recovery. Snow has the same effect on limbs frozen by dry cold. If it could not be obtained, very cold water would have the same effect. The effect of cotton or flour on limbs scalded in hot water, seems, also, to depend on the effect of dry heat.

The treatment of a burn, with its contrary, cold, has only the effect of a palliative. (Warmth is never applied to frozen limbs.) I have made the experiment in burns with sealing-wax. If the burnt part is placed in cold water, the pain is lessened, but increases when the part is removed from the water. But, if the part is placed in warm water, or in diluted *Spir. vini*, (warm, diluted *Spir. v.* is most effective) the pain is, at first, increased, but subsides, when the limb is taken out, and by frequent immersion the pain is entirely removed.

Concerning the effect of the sun's rays, it is remarkable, that, as travellers relate, the negroes of Africa remain exposed to the sun for hours, without being injured. This observation, which was also made by prince Pückler von Muskau, in his journey through Egypt, seems to be opposed to the physical law, that black draws rays of light much stronger than white. But Nature has given black inhabitants to hot climates. The skin of blacks is said, also, to be much colder to the touch.

Cardialgia intermittens. A girl of twenty-one years, of light complexion, and strongly built, had the hooping cough and measles when a child. In her fifteenth year, before the commencement of menstruation, she became chlorotic, and received pills from a physician, after which she had cramps in the stomach for the first time. After the use of many remedies, her monthly turns commenced, which, since that time, have been regular, although lately they occurred less frequently. Her cramps in the stomach were also overcome, but from time to time symptoms were visible, which in the beginning of Feb-

ruary, 1846, again took the form of violent *cardialgia*. The patient is pale, feels weak, appetite small, in half an hour or an hour after every meal she has a violent contracting pain in her stomach, which appears earlier after exercise, and is made more violent. The examination of the abdomen showed no signs of disease. Stool hard, every four or five days, sleep not refreshing, the patient feeling weakest in the morning.

Bryonia was here the specified remedy. I first gave one drop of the 9th. dil. in 4 oz. of water, one teaspoonful every four hours. The pain in the stomach was reduced on the first day, and after this, appeared only once a day, and always at about ten in the morning. The medicine was now taken only twice a day. On the fifth day of treatment, the cramps in the stomach ceased, but appeared again on the sixth day, one hour after breakfast. It appeared in this manner, four times, *every other day*, but always more feebly, so that on the last day, only a slight symptom was perceptible. Her evacuations occurred daily in the last few days, and her appetite returned. On her easy days, the cramps were not called forth by considerable exercise, but on the other days they occurred even when the patient remained quiet.

Gastritis. A clerk, twenty years old, of melancholy temperament, slender built, complained in December, 1845, of debility, want of appetite, nausea, and increased thirst. His eyes were weak, his tongue covered with thick, white slime, his taste clammy, stool irregular, and his disposition more melancholy than usual. He felt cold towards evening, but slept well at night. As he had previously been irregular in his diet, *Pulsatilla* seemed to be the proper remedy, and I gave it him thrice a day, he continuing in his daily avocations. He seemed to improve on the second day; but, as after four days his sickness did not decrease, and the patient was taken with vomiting, unattended by any improvement, I made him go to bed, so as to examine his abdomen carefully. The region of the stomach was *irritable* to the touch; inclination to vomit, pulse small,

somewhat quick, thirst greater than usual. From this, it was evident that there was a slow inflammation of the stomach. I ordered *Aconite*, 1st. dil., 3 drops in 4 oz. of water, and gave a teaspoonful every two hours.

On account of his occupation, his hands were covered with chilblains, swollen and red, so that he could scarcely use them. I treat the *perniones*, with which healthy and laboring people are most frequently troubled, with a salve of *Unguent. commun. unc. β, Petrolei scrup. 1*, which is to be rubbed into the suffering part before retiring at night. As I had found this salve effective for years, (if used early, it prevents the appearance of the *perniones*,) I used it in this case, and was anxious to learn what would be the result of treating two totally different diseases at the same time. Necessity must excuse this trial. To my great astonishment, the patient's troubles in the stomach were entirely removed by this treatment; in three days, his appetite returned, he felt perfectly well within, and his disposition became more lively. His hands had also improved during this time, so that he could recommence his business in a few days.

In this case, the effect of the *Aconite* had not been diminished, in the least, by the use of *Petroleum*. We can see from this, that a well chosen remedy, which is exactly applicable to a particular case, will have its effect in spite of many apparent obstructions.

Such observations are important, if we undertake cases, which, a short time before, have been treated with many remedies by alloëopathic physicians. For, if danger is imminent, and we cannot wait until the action of former remedies has ceased, it is well to know that the *correctly chosen* homœopathic remedy will have its effect even here.

Such observations serve to show that, although a rigid diet is always accompanied by a better or quicker result, yet it need not *always* be observed too closely. Of this, I have often been convinced. A girl who was suffering from a sore throat,

drank her cup of coffee, as usual, at five in the evening. I was called in at seven, as the pain in her throat had increased. I prescribed *Pulsatilla*, and the effect was just as good, as with patients who had drank no coffee a short time before. A cure can be effected, though, perhaps, more slowly in the chronic diseases of elderly persons, who have become so accustomed to coffee, that they become twice as sick from abstinence. We must especially observe that two hours always clapse between drinking the coffee and taking the medicine.

CAUSE OF DISEASE — ÆTIOLOGY.

From the work "Homœopathy, or Law of Life," &c.

By DR. A. W. KOCH.

(Continued from p. 511, vol. I.)

Too little Warmth — Cold. The operation of cold upon the human organism, is, in many respects, similar to that of heat.

If the external temperature is too low in relation to the organism, the activity of the *periphery* is diminished, while that of the internal organs is increased. Hence, follows immediately a disturbance of the similarity relations of the organs and systems among one another, and of their functional operations. The activity of attraction in the internal organs is exalted, while that of the organs which are exposed to the cold is diminished; nutrition and formation are promoted in the former, and consequently there is a greater production of motion, and warmth; while in the latter, nutrition, formation, motion, and warmth, are lessened. Finally, in consequence of these disturbances, repulsion and expulsion, secretion and excretion become more energetic in the internal organs, the lungs, alimentary canal, kidneys, etc., while the excretions of the skin are impeded.

Long continued cold, applied through the atmosphere, acts injuriously, as regards respiration and the change of venous to arterial blood. This change is effected too rapidly, and a relative excess of arterial blood is the result; the cause continuing to act, the fibrine of the blood is increased; the complete assimilation of this fluid in the organs no longer takes place; and thus the venous blood receives an excess of unexpended material, being thereby assimilated in condition to the arterial. As we have found that excessive and long continued heat produces an excess of "venosity" even in the arterial blood, so excessive and long continued cold produces an excess of "arteriosity" even in the venous blood. When now such venous blood, resembling the arterial, enters the lungs, because of its acquired homogeneousness with the atmosphere, it is unable properly to assimilate itself with the oxygen of the air; the "polaric similarity-relations" between the blood and the air are disturbed by a too great sameness, and the activity of attraction first becomes deficient, and at last ceases altogether. In this altered condition of the blood, it is no longer the air, or its oxygen, which increases still further its plasticity, since arterial blood combines slightly or not at all with oxygen; but it is the changed venous blood which is incapable of forming any new combination, or which can form but a weak one, with oxygen; just as, when the blood has become highly venous in its character, as in cholera, for example, it is no longer in a condition to combine freely, if at all, with oxygen. This state of the blood, in which it is abnormally arterialized, disturbs the "similarity relations" among the organs and systems, the activity of attraction is lessened, and at the same time repulsion and expulsion are deranged. Thus, a wide field is opened to the formation or aggravation of different indispositions, and to their development as disease, or to the production of various diseases.

The next consequence of such a disturbance in the "similarity-relations" of the organism, will be an altered action in the hepatic and portal system. The blood in this system will not

be properly decarbonized, the biliary secretion will be changed in quantity and quality, and when the abnormal venous blood is returned to the lungs, reaction upon the respiratory process follows, and the blood circulation becomes constantly more and more retarded. Similar effects are produced in the other secretory and excretory organs ; the skin, the kidneys, the stomach, and bowels, can no longer cast off and cast out their secretions and excretions, and thus arise deficient digestion, insufficient formation of chyme, chyle, lymph, and blood ; the derangement having thus reached its height, is ready to burst forth in actual disease. With all these changes there also keeps pace an alteration in the activity of the nervous and muscular systems, which manifests itself by the most various symptoms.

If we now investigate the local action of an injurious degree of cold, we find the following effects :— When the cold acts upon the whole body, the periphery loses its warmth, becomes pale and insensible, the blood recedes towards the internal organs, heart and lungs, the circulation is retarded, the absorption of oxygen in the lungs is diminished ; thence, the production of internal heat is lessened, the nervous system no longer receives vivifying blood, and the functions of the brain, organs of sense, and nerves of motion begin to be interrupted ; finally, the blood itself “ oscillates ” in the internal parts but slowly, the organic functions grow constantly less, a deathlike appearance supervenes, and at last the “ similarity relations ” throughout the organism, are wholly broken up, and death closes the scene. Life may cease first either in the brain or in the lungs, and sometimes also death commences in a sudden destruction or paralysis of the activity of the entire periphery, as in the opposite case of extensive burning.

The local action of very cold air upon the lungs gives rise to contraction of the capillary vessels. The blood, in its diastole, can no longer enter these vessels, and the air is also unable to penetrate into the smaller air cells, so that, on the one hand, follows congestion of the heart and large vessels ; on the other,

an incomplete change of the venous to arterial blood. To these succeed dyspnœa, inflammation of the lungs, &c. When excessive cold acts upon an external part, the activity of the part is at first weakened or suppressed; shortly afterwards it becomes unnaturally exalted, and there is an attempt to restore the "similarity relations" between the part and the organism. Since the former, however, has become debilitated by the primary action of the cold, the original reactive life, activity is too energetic for it, and it relapses into a different, morbid activity, and there ensue stinging pains, inflammation with vesication, ulceration, and gangrene. The slough, according to Hasting, is very similar to that which is cast off from a burnt surface. In those tissues in which the life-activity is of a lower grade, as the cartilages, tendons, skin, and membrane, all activity is at last extinguished, and they become paralyzed, lifeless.

Sudden transition between heat and cold operate very injuriously upon the human organism, and the effect produced by such changes is called "*taking cold.*" This is almost always accompanied with a suppression of some of the secretions and excretions.

If the primary action is *upon the skin*, while it is in a state of high activity, the transpiration, whose object is to cast out something that is heterogeneous to the organism, is suppressed, and this heterogeneous matter is retained and driven back, to give rise to various symptoms or diseases, according to the general or individual predisposition. These diseases attack either those organs and systems which are anatomically or functionally similar to the skin, as the lungs, alimentary canal, or some organ which a previous special disposition had rendered peculiarly susceptible to disorder.

When *the lungs* and *the bronchial mucous membrane* are primarily affected in taking cold, there is first a contraction of the capillary vessels, and a repression of the secretions and excretions, followed soon after by an increased but abnormal activity, which results in disease of these organs.

Sudden frigefaction of *the stomach*, by means of cold fluids, decreases the activity of this organ, and may cause even paralysis. When this does not take place, there follows in the stomach an increased morbid or changed activity, giving rise to spasm, vomiting, congestions of blood, inflammation, etc.; or the contiguous or consensual organs, as the lungs, sympathize with it, and fall into similar morbid states.

When cold is applied to *the feet*, the effects are the same as those mentioned in relation to the skin generally. It often happens that cold acts upon the organism and produces injury, in combination with other agents. Thus there is a *cold dry*, and a *cold moist atmosphere*, *cold rain*, etc.; the effects of all which are more or less similar to those of simple cold.

If now we enumerate the manifold symptoms which are observed, as a consequence of the action of cold upon the organism generally, we find them to be as follows: shivering, chills followed immediately by heat; uneasiness in the head, headache, giddiness, weakness of the mental and sensorial activities, indifference, stupidity, somnolence, sleeplessness, pale, bluish-red, red face, and erysipelas of the face; eyes reddened, inflamed, painful, weeping; sunken, lifelessness, redness, inflammation, suppuration, and gangrene of the external ear, ringing in the ears; lifelessness, redness, inflammation, vesication, gangrene of the nose, nose-bleed; lips pale, bluish, cracked; bleeding and loosening of the teeth; toothache; dryness of the mouth, thirst; difficult deglutition, inflammation of the throat and parts adjacent; taste bitter, sour, slimy; appetite increased, diminished; eructations, nausea, vomiting, difficult digestion, cramps in the stomach, flatulence, abdominal pains, rumbling in bowels, breaking wind, diarrhoea watery, mucous, green, bloody, constipation, urgent calls to stool, tenesmus, prolapsus, soreness of the anus, pain in the liver and spleen; urine increased, suppressed, scanty, involuntary, clear, dark red, bloody, micturition urgent; redness and inflammation of the orifice of the urethra, of the penis or labia; diminished

sexual desire ; suppressed or excessive menstruation, abortion, leucorrhœa ; dryness of the nasal passages, catarrh, hoarseness, roughness of voice, itching, burning pain and tickling in the larynx and trachea ; cough hollow, rough, whistling, barking, panting, with sticking, binding, stretching and burning pains in the chest, and choking, and vomiting, dry (i. e. the cough, *Tr.*) or with moist, watery, mucous, and bloody expectoration ; respiration short, deep, rapid, frequent, whistling ; paroxysms of suffocation, constriction of the chest ; determination of blood towards the lungs and heart, palpitation ; redness, inflammation, and suppuration of the female mamma ; pain in back and loins, with stiffness ; swelling, inflammation, and suppuration of the cervical glands ; tearing, piercing, boring pains in the extremities ; swelling, redness, inflammation, stiffness of the joints, trembling of the limbs, cramps and convulsions ; great exhaustion, weakness and paralysis of the extremities, with coldness, heat, burning, redness, inflammation, suppuration, and gangrene of the last ; itching, cracking, and eruptions of the skin, etc.

If we seek now the diseases themselves which are produced either by the direct action of too great or long continued cold, or by the operation of some other recent potency when a predisposition, resulting from the above cause, we find the following various forms : inflammation of the brain, eyes, ears, salivary glands, tonsils, stomach, bowels, liver, spleen, uterus, air-tubes, lungs, heart, etc. ; fever inflammatory, gastric, bilious, mucous, erysipelas, and rheumatic ; furthermore, mental derangement, idiocy, *apoplexia cerebri et pulmonum* ; hæmorrhage from the lungs, stomach, uterus, etc ; diarrhœa, dysentery, cholic, retention of urine ; neuralgiæ, asthmata ; dropsy, chlorosis, scurvy ; paralyses, swellings, urticaria, miliaria, gangrene, etc.

(c) *Annual and Diurnal Periods.*

We are acquainted with two motions of the earth ; one *upon its axis*, the other *in its orbit*. By the revolution upon its axis

the periods of the day are produced ; those of the year by the revolution around the sun. The periods of the day and year thus depend upon the periodically increasing and decreasing influence of the sun, and it appears that through the influence of the sun during the annual revolution, there are imparted to the earth-organism in summer and winter, autumn and spring, the same relations which, as regards the organisms upon the earth, are expressed by the words noon and night, evening and morning. If we examine these relations further, it will appear, that in the originating of individual life, spring and morning correspond, as also do summer and noon in its growth and development, autumn and evening in its apparent decrease, and winter and night in the apparent death of the life, or its change into a life of a different form. In the same manner this relation is manifested in the daily life processes of the individual life. Every morning the organism is, as it were, new-born ; at noon it attains its greatest energy ; during the evening this diminishes, and at night it passes as it were into a state of temporary death, in order that the powers of the organism may be restored to an equilibrium, and that it may in the morning come forth as new-born, fitted to advance with renewed activities. In this constant and periodically repeated revolution, from spring, morning, production, and reproduction, into summer, noon, development, and exalted life-energy ; from summer, noon, development, and exalted life-energy, into autumn, evening, decay ; from autumn, evening, decay, into winter, night, transformation into a different life and temporary death ; and from this again into spring, morning, etc., (in this revolution) is the activity of the attraction of the similar and of the repulsion of the dissimilar, ever plainly put forth, in order to maintain the constant activity of matter and life.

Inasmuch now, as by the relations of the annual and diurnal periods, there are impressed upon not only the planetary life, but all individual life, even recurring changes and revolutions ; so at the same time is produced the possibility, that through

some false relations in their periods, a cause of disturbance in the operations of life may arise, or that the individual periods may give rise to one or another special predisposing cause of disease.

Since, with the periods of the year or of the day, it is always necessary to take into consideration the relative quantity and quality of light, heat, electricity, magnetism, also the elastic and hygrometric condition of the atmosphere, it is evident that the recent influence of the periods upon the human organism, will depend very much upon these agents, and hence may be very various in kind. We are, therefore, compelled to speak in general terms only, of the predispositions and diseases to which these periods give rise.

Spring and Morning.

In the *Spring* the earth leaves its repose, and awakes with all its organisms to a new life, to new development, and each individual life again attracts to itself its similar, with renewed activity and increased energy, while the dissimilar is in like manner expelled. In the spring, therefore, the formative activity is prominent, and hence there is a stronger tendency to diseases of formative life ; the spring becomes a cause of congestions, inflammations, apoplexies, colds, catarrhs, rheumatisms, etc., and in cases of special predisposition, will favor the development of morbid formations, tubercles, scrofula, consumption, cutaneous eruptions, etc.

As the earth in the spring, so the organism *in the morning* commences its regeneration, and renews its activity. The blood-life is more active, (the pulse fuller, larger, stronger, more frequent, *Burdach*.) the secretions and excretions are increased, the susceptibility to external influences heightened. Morning, therefore, favors infection, the out-breaking of diseases, (especially of the exanthemata,) gastric affections, vomitings, stomach cramps, diarrhoea ; and inasmuch as morning is generally combined with coldness and moisture, and a change

in electric attraction, (taking the yearly average, the cold is greatest at five, A. M. and the magnetic needle in the morning declines more towards the east,) it gives rise to the diseases which are produced by cold, as catarrhs, rheumatisms ; also to hæmorrhages, hæmorrhoidal colics, exacerbations, gastric and hectic fevers ; and it favors mucous fluxes, and colliquative discharges.

Summer and Noon.

In *Summer* the earth-organism with its organisms, attains its highest grade of development and formation ; light, warmth, dryness, and electricity of the air prevail, and exert a vivifying influence. Hence, at this period, the activity of attraction is most harmonious, and if the above agents do not act in excess, there is the most perfect health. But if they act too strongly, or if they give place suddenly to their opposites, summer may introduce various occasional causes of, or predispositions to, disease. The diseases themselves, however, are those which have already been spoken of as resulting from the nocent influence of light and heat, and the reader is referred to what is said under those heads.

Noon is the counterpart of summer in a small space. The individual life has returned to its state of perfect activity, and is, as it were, at a similar, though short and apparent *solstitium*, having reached its highest point of development. Noon, like summer, while its relations are normal, gives rise to the fewest diseases ; but if the agents accompanying it, light, heat, electricity, etc. act abnormally, it may be the cause of disease.

Autumn and Evening.

AUTUMN is the annually recurring old age of the earth and its residents. The influence of light and heat are reduced in quality and quantity ; electricity is lessened, and the hygrometric state of the air rapidly fluctuates ; the harmonious similarity-relations of the earth to its organisms, and of them to their organs, become weaker, and matter prepares itself for still fur-

ther transformation ; the life-energy is diminished, and the reproductive power sinks to its minimum. If now, summer has produced in the organism any predisposition to disease, this weakening of the vital relations gives an occasion for the introduction of a new and abnormal life-direction, and for the formation of disease. The diseases of autumn, consequently, bear the stamp of both summer and autumn, and diarrhoeas, dysentery, gastro-bilious fevers, catarrhs, rheumatisms, unhealthy inflammations, prevail, while morbid growths, tubercles, scrofula, consumption, etc. begin, or are hastened in their development.

Evening is the daily recurring old age of material life ; the brief counterpart of autumn. With it the activity of attraction in the organism sinks. Consequently, this is the period of the day in which external influences most readily gain admittance, and introduce an abnormal life-direction into the organism. Hence, usually at evening, the out-breaking of diseases, and the exacerbation of fevers, inflammations, rheumatisms, etc.

Winter and Night.

Winter is the annually recurring (apparent) death of the earth and of its organisms. The action of the sun upon the earth is at this time the weakest, and therefore the production of light and warmth is the least ; the air is cold, dense, highly elastic and electric, and the magnetic influence is at its strongest. The similarity-relations of the earth to individual life fall now into a latent state, as in an unimpregnated egg ; in by far the greater part of the plant-organisms living upon the earth, these relations are destroyed entirely, and they die ; in another portion, and also in some animal organisms, they are reduced to minimum, and there ensues a state of apparent death (hibernation.) Winter is to us a passing emblem of death a change of matter to new activities in *its original direction*, while actual death is a change of matter to new activities in a *different*

direction from the original. Man also is not entirely free from these transitions, although in him they are not so apparent ; thus we perceive a latency of the life-energy, especially in those races who dwell in the polar regions.

If now, at the approach of winter, there should be a predisposition to disease in the organism, this predisposition, in consequence of the reduction of the vital energy, will easily develop itself in disease ; at the same time those agents which are introduced with the winter season, as cold, dense atmosphere, diminished light and electricity, through their noxious influence upon the organism, either produce predispositions to disease, or give rise to actual diseases, as inflammation of the lungs and air passages, catarrhs, rheumatism, arterial hæmorrhages, etc. For the reasons given, next to spring, death is most frequent in winter.

The apparent death to which the organism is annually subjected in winter, occurs diurnally under the influence of *night*. As in winter, so at night the vital energies sink, the animal life is restrained, while the formative life remains active ; but this also rests, and during the rest the materia, which by day had been disturbed by various influences, are again brought to order, and their harmonious relations are restored, so that in the morning they are able to commence their life with renewed energy, and again to resist external influences. For this reason nocent agencies, which act upon the organism by night, easily gain access to it, and disturb its weakened similarity-relations. The predispositions and diseases which are produced by night are attributable to deficiency of light, heat, etc., and are thus analogous to those to which the winter gives rise.

(3) *Of the Nocent Influence of Climate.*

Climate may be divided into *geographical* and *physical*. The first depends upon the geographical length and breadth of the earth, and the distance of any place from the equator and the

first meridian, and its height above the sea ; the second, upon lakes, rivers, mountains, plains, forests, swamps, etc.

In the *torrid zone*, lying in the tropical circle between $23\frac{1}{2}$ degrees north and south of the equator, the sun has a uniformly constant and predominant influence throughout the year. The temperature ranges between 23° and 25° R., the electric tension is strong, the earth-magnetism is weak, the weather is remarkable for its great regularity, day and night through the year have nearly the same length, (from 11 to 13 hours.) In every thing is there a certain regularity and periodicity.

The nocent influences which tropical climates exert upon the organism depend upon excessive light and heat, persistent dryness, and persistent moisture, changes of temperature, the electric tension of the atmosphere and the magnetic relations. There are also miasmata, which are abundantly developed in consequence of these cosmico-telluric relations, and which give rise to disease.

The diseases which prevail in tropical climates are nearly the same as those which have already been spoken of as produced by excessive light and heat, changes of temperature, summer and noon, etc., and it is needless to repeat what has been said.

The *polar climate* or the *frigid zone*, extending from the 60th degree of latitude to the pole, is directly the reverse of the preceding. Here is no regularity, no distinct periodicity, no uniformity of temperature, etc. ; on the contrary, cold reigns supreme, the influence of light is less intense, winter and night are long in proportion to summer and day, the electricity of the air is reduced, its dryness is increased, and the earth-magnetism is predominant.

The diseases which prevail in the polar regions are analogous with those which result from the nocent influence of great and persistent cold, winter, night, deficiency of light, etc.

The *temperate zone*, lying between the 60th and $23\frac{1}{2}$ degrees of latitude, north and south, holds intermediate relations to the torrid and frigid zones, and is known to be the one best fitted

for the human organism. Its diseases are like those of the analogous periods of the year and of the day.

A sudden change from one climate to another is very prejudicial to the human organism ; this influence continues often for a long time, and not unfrequently is attended with great danger until the organism is acclimated ; that is, until a similarity of relation between it and the climate is attained. Diseases resulting from this cause, are called diseases of acclimation.

(II) *Telluric Influences.*

(1.) *The Atmosphere.* Though the atmosphere forms a portion of our earth-planet, yet it is constantly subject to changes under the influence of other heavenly bodies, especially the sun and moon, and is thus the medium through which they act upon the earth.

In the physiological division it was remarked, that the atmosphere is not a dead substance, but that it possesses an independent life ; as an integral part of the earth it is dependent upon the latter, and is constantly subject to changes wrought by its influence. This is shown by its power of assimilation and of self-maintenance. But the atmosphere holds such intimate relations, not only to the earth, but to all the organisms and bodies that exist upon it, that it is one of the mightiest potencies acting upon matter and life. But there are so many other potencies inseparable from it and acting with it, that it is rendered extremely difficult to decide what are the effects upon the organism which should be attributed peculiarly to it.

Thus, the atmosphere is the medium through which light, heat, electricity, magnetism, dryness, and humidity, pressure, and other ponderable and imponderable agents, which are in combination with it, act upon the organism ; it is also undoubtedly under the constant influence of earth-electricity. Hence, the nocent influences, already considered, of light, heat, annual and diurnal periods of time, and climate, must accompany and resemble the inferior influence of the atmosphere.

(2.) *Electricity.*

Electricity is undoubtedly one of the mightiest activities in the atmospheric life, though its influence upon the animal economy is yet little understood ; still less is that of its individual qualities, positive and negative electricity. Electricity rises and falls regularly twice a day, and according to the observations of Schübler, it also has animal periods ; it attains its daily maximum at about 2 o'clock, P. M., and the annual, near the end of July. (Here is shown very evidently the similarity-relations existing between summer and noon.) Under the equator, in summer and in the daytime, it is considerably increased ; at the poles, in winter and at night it is diminished ; in cold and dry states of the atmosphere the electric tension is exalted. Observations also show, that it favors the development of organic bodies, that it promotes the circulation of their fluids, that it renders the pulse quicker and fuller, that it increases secretion and excretion, and that it restores or reëxcites the exhausted irritability of the muscles. From all these observations it follows, that the physiological influence of electricity is highly vivifying, exciting the activity of attraction in the organism, while formation, growth, and motion are promoted ; this is the more probable, inasmuch as by this activity of the organism, electricity is itself again produced, with which are also developed at the same time, light and heat, the products of the same activity.

If a normal quantity of electricity is homogeneous, and assimilable with the organism, so must too large or too small a quantity act upon it as a heterogeneous stimulus, and have the power of causing disease.

The following have been observed as the consequences of *too strong an action of electricity* upon the organism. In persons of a weak nervous system, thunder-storms produce anxiety, disquiet, faintness, nausea, vomiting, diarrhoea, spasms. Thun-

der-storms were frequent in June of the year 1815; and urticaria was prevalent (Jos. Franck); also in Vienna, in July, 1825, the atmosphere being highly electric, the same disease prevailed. In Wilna, a girl who was struck by lightning had an eruption of nettle-rash appear upon the side which had escaped. A son of Dr. Braudis, a year old, after being struck by lightning, had a tedious eruption of the same kind over the whole body, which subsequently reappeared at every thunder-storm. (Casper's "Wochenschrift," V. II. p. 22.) During an epidemic purulent ophthalmia at Vicenza, after a violent thunder-storm on the night of the 22d July, 1822, twenty-two patients, who were in full convalescence, suffered so severe a relapse that it terminated in blindness. (Gräfe and Walter, Journal of Surgery, VI. 1, p. 114.) Paré observed an aggravation of the plague after every thunder-storm. In consequence of the too energetic action of artificially excited electricity, a man became so susceptible that every thunder-storm threw him into convulsions, (Lorry.) The electrical spark causes pain, redness, inflammation, ulceration; its long action upon the eye causes cloudiness of the lens and cataract. A very high degree of electricity arrests the motion of the fluids, and stops all the secretions, as, in general, it suspends all vital action; hence follows paralysis of the motor and sensitive nervous-systems, apparent death, and death. In persons killed by lightning the nerves are found of a golden yellow color. The blood is not fluid, and has throughout a venous character. Blood blackened by electricity does not become red when exposed to the atmosphere. Decomposition is speedy in bodies thus killed.

The mechanical action of electricity is fearful; it not only dissolves metallic wires, but crushes bones and tears in pieces the soft parts.

Whether electricity kills by the sudden annihilation of the entire "blood-life," or by paralyzing the nervous system, is not yet decided. It appears, as in the case of *Prussic acid*, as

if the activity of attraction of both systems were at once destroyed.

Deficiency of electricity in the atmosphere, like its excess, must act injuriously upon the organism, as electricity must then be abstracted from the body, as in cases of damp air and before thunder-storms.

(3.) *Constituents of the Atmosphere.*

The independence of the atmosphere depends upon its power of assimilation and self-maintenance, since its relative quantity of oxygen and nitrogen remains in all circumstances the same.

The noxious influence of the air depends either upon its being abnormally rare or dense, or upon the presence of some noxious, — ponderable or imponderable — agent mixed with it. As regards the quantity of oxygen which is furnished for respiration, we have spoken under the head of annual and diurnal periods; and as has been already shown, its maximum and minimum are graduated by the intensity of summer and noon, winter and night.

The *Carbonic acid*, which is the third gaseous constituent of the atmosphere, in its normal relation, on account of its small quantity, has no nocent influence upon the organism. Sometimes, however, this ingredient is greatly increased, and then the air becomes highly injurious. This effect may be produced by the burning of organic bodies, by the congregating of many persons in a small room, by spirituous fermentation, in mines and caves, and of late years, very frequently by the combustion of coals in a close room, in which case the formation of carbonic oxide gas comes into play.

The effects of *Carbonic acid* are: painful sensations in the head, giddiness, stupefaction, oppression of the head, ringing in the ears, spasms of the glottis, faintness, weakness, suffocation, etc.; the blood is fluid, and the muscular fibre shrunken.

The *moisture* of the atmosphere, or the quantity of water contained in it, varies very much, and is dependent upon the temperature, the season of the year, the time of the day, etc. Its noxious influences have been considered in speaking of these potencies.

(4.) *Of the nocent Influence of other Matters commingled with the Atmosphere — Bad Air.*

The atmosphere may be rendered noxious by the congregation of many persons, whether well or sick, in a small room, by the decomposition of organic matter, animal or vegetable, etc.

(a.) *Of the Congregation of many Persons in a small room.*

- As a consequence of this, the air becomes corrupted, partly by the constant abstraction of oxygen and addition of carbonic acid, and partly by the secretions and excretions of the bodies. Air thus changed is very unhealthy, and produces cachexia, scrofula, and scurvy. This is still more the case in uncleanly and over-crowded hospitals, lying-in and foundling-hospitals, where the presence of morbid or offensive discharges may so corrupt the air, as to give rise to contagious diseases, as putrid fever, typhus, hospital gangrene, purulent ophthalmia, *ophthalmia neonatorum*, etc.

(b.) *Decomposition of Animal Matter.*

This renders the air corrupt. It is most apt to take place in the neighborhood of great battle-fields, in churchyards and tombs, after floods in which large quantities of fish have been left upon the land, after the prevalence of murrain among cattle, in the neighborhood of large slaughter-houses, etc.

An atmosphere thus corrupted acts most injuriously if calm, moist, and warm ; while wind, dryness, and cold lessen its ill

effects. The diseases resulting from this cause are : fainting-fits, apparent death, suffocation, apoplexy, and putrid nervous fever.

(c.) *Putrefaction of Vegetable Matter. Marsh Air. Malaria. Aria. Cattiva.*

Although, in the putrefaction of vegetable substances, irrespirable gases, as carbonic acid, carburetted and phosphuretted hydrogen, are developed, which are prejudicial to health, yet these gases are not the sole cause of the many peculiar diseases springing from vegetable decay. The cause is rather to be found in the *decomposition*, the transmutation of the vegetable matter into other — probably inferior animal — organisms. Marsh miasma is developed chiefly in bogs, which have lost a certain part of their moisture, under the influence of the sun's heat, but which are not entirely dried ; also after great inundations, and at flood and ebb-tides, etc. Its production and intensity are affected by the following among other considerations : the stillness of the air over the marsh, (the miasm sometimes, however, is carried for miles by the wind, and deposited at a distant spot) ; by the climate and the period of the year, (thus in the tropics it is produced in hot summers by the mingling of salt and fresh water) ; and according to Callin de Chateau vieux, in an especial manner by a volcanic soil, and by evening and night. How much it is affected by fog and dew is yet unknown. Cold and luxurious vegetation, forests, cultivation of the soil and the daytime lessen its intensity, or prevent its development. The distance to which the malaria may extend is very different. In the Pontine marshes it is about 1400–1600 feet high, and 600–1000 feet broad ; in the West Indies it extends to 9000 feet from the coast.

The action of marsh miasm upon the animal organism is very noxious, yet very various ; depending perhaps, upon the

nature of the decomposing vegetable matter, the climate, the surface of the country, whether level or undulating, and the climatic constitution of the inhabitants. An inferior grade of its action causes giddiness, nausea, vomiting, headache, weakness of the voluntary muscles. Residents upon the marsh attain only an incomplete development of both mind and body, their mental capacity is small, they are apathetic and indolent, small, having misshapen heads, long necks, large prominent bellies, and ill-formed limbs; they have a pale, cachectic appearance, their skin is yellow or earth-colored, covered with discolored spots, hair thin, blonde or ash-colored, gait slow and tottering, voice weak, reproductive power very small; they seldom live beyond the fiftieth year; (in Petersburg, Virginia, seldom twenty-one years.)

Under a more intense action of the miasm arise remittent, and still more intense, intermittent, fevers, running a rapid and quickly fatal course. It appears that the malaria affects first the abdominal ganglionic, and the hepatic and portal systems, but which of two is first affected, it is difficult to decide. The view adopted by the author is, that the hepatic and portal systems are first discarded, whereby the diminution of carbon from the blood is diminished. This state of things either produces a reflex action upon the ganglionic, even the sensitive and motor nervous systems, and produces diseases of the intermittent type, intermittent fever, neuralgiæ, spasms, etc.; or the hepatic and portal systems take up the process, and then arise diseases of the remittent or continued type, gastric, bilious, putrid in the highest grade, yellow fever, plague, dysentery, cholera. If these diseases are escaped, or if the action upon the portal system is less violent, organic changes ensue, causing subacute inflammations, enlargements, induration of the liver and spleen, jaundice, hæmatemesis, chlorosis, dropsy, scurvy, chronic cutaneous eruptions, aphthæ of the lips, etc.

The time which elapses between the exposure to the occasional cause, and the appearance of the disease, depends upon the intensity of the former, or upon individual pre-disposition. The disease may break forth suddenly, or after the lapse of some hours, days, or weeks. This is generally of an endemic character, but by the concurrence of other yet unknown nocent influences, it may assume the epidemic form.

(5.) *Atmospheric Pressure.*

The atmospheric pressure sustained by a man at the elevation of 300 feet above the sea, is equal, as is well known, to a weight of 30—36,000 pounds. The counter-pressure on the part of the organism must therefore be powerful, and, in order to prevent injury, equivalent.

The nocent influence of atmospheric pressure depends upon an increase or diminution of the pressure itself, or of the resistance made to it by the organism.

Man can endure very considerable changes of pressure without serious injury, yet a change of 2—3 inches in the barometer produces decided effects. The influence of this cause alone, however, cannot often be estimated, as it is modified by other qualities, as electricity, the state of the atmosphere, terrestrial agitations, &c. The most reliable observations thus far, have been made by ascending high mountains, and in mines and beneath diving bells.

Too strong pressure causes determination of blood to the internal organs, the heart, lungs, brain ; hence come giddiness, headache, partial deafness, rupture of the tympanum, paralyses, oppression of the chest, dyspnœa and suppression of cutaneous transpiration.

Too slight pressure causes increased expansion of the fluids, orgasmus, congestions, increased secretions, hæmorrhage from the eyes, lips, nose, mouth, lungs; the external parts swell, and become reddened, and there follow dejection, anxiety, giddiness, stupefaction, faintness, nausea, prostration and great

muscular weakness, constricted breathing, palpitation, short, quick, weak, and puffy pulse.

Excessive reaction of the organism is favorable to the production of inflammatory, erysipelatous, rheumatic, and eruptive fevers; deficient reaction, to that of scurvy, chlorosis, intermittent fever, cholera, etc.

(6.) *Of the Nocent Influence of Winds.*

The winds are external manifestations of the activity of the earth-organism, especially of the atmospheric life. They depend mainly upon the temperature, dryness or moisture, and electricity of the atmosphere, upon the sun's influence, the periods of the year (the monsoons) and day, (land and sea-breezes,) and upon volcanic commotions in the earth, while these again are in some degree dependent upon the winds.

The nocent influence of the wind is modified by various circumstances, to wit:—

1. By currents of air acting either upon the whole body, or upon a part of it, especially while the activity of the skin is exalted. The effect is called, taking cold in a draught. The cause of the disease lies in a disturbance of the activity of the repulsion of dissimilars, whereby the similarity relations of the organism are deranged. The resulting diseases are very various, and depend upon existing individual predispositions.

2. By changes of atmospheric pressure, of which we have already spoken.

3. By differences in the wind depending upon its direction. The north and east winds are generally attended with dryness of the air,* cold, high range of the barometer, strong atmospheric electricity, clear sky, morning fogs and frosts, and they generally prevail among us in fine spring and winter weather. These winds are injurious if they commence suddenly, after a rapid change of weather, and give rise chiefly to vascular fever,

* Not true in this country. *Tr.*

catarrhs, inflammation of the air passages, chest, and lungs, acute rheumatisms, arterial hæmorrhages, &c.

The west wind contains much moisture, and is moderately cold, attended with clouded sky, little electricity and with rain. It causes catarrh of the intestinal canal, and of the air-passages, and rheumatism.

The south wind is warm, damp, with diminished atmospheric pressure, (barometer low.) Its effects are those of a combination of heat and dampness; respiration and digestion are deficient, the blood acquires a prevailing venous character, and then ensue apoplexy, hæmorrhages, gastric, bilious, nervous fever, hepatic diseases, jaundice, chlorosis, spasms, etc.

4. By the presence of noxious potences commingled with the atmosphere. These winds are limited to certain localities, and have peculiar properties; for example, the sirocco in Italy, föhn in Switzerland, the simoon of Syria, Arabia, and Persia, the solano at Cadiz, the samiel in Egypt; all these are south winds. The sirocco is from the south-west, very hot and damp, relaxes body and mind in the highest degree, and reduces the reproductive power; hence a degeneration of wounds and ulcers, and a tendency to catarrhal diseases. The föhn causes headache, weakness and pains in the limbs. The samiel and simoon are glowing hot winds, like the air from a heated oven. The first brings with it, close to the earth, a purple-red cloud with a blue edge, and diffuses, — hissing and whirling, — a sulphurous odor. The intense heat of this wind, unless one instantly casts himself upon the ground, checks and often suddenly stops respiration, the man loses his voice, the chest is constricted, and sleepiness, convulsions, delirium, hæmorrhages, great muscular prostration supervene, the skin becomes black, the blood dissolves, and shortly after death it starts forth from every opening in the body.

Calmness of the atmosphere is also injurious to the organism, as it favors the development and aggregation of noxious matters in the air, and renders miasmata more intense. On account of

want of change, the atmosphere becomes inert, lifeless, and unassimilable with the organism. If the calm is combined with hot weather it is very dangerous, and gives rise chiefly to those diseases which are produced by dry and continued heat.

(7.) *The Weather.*

Weather is a general term for expressing the totality of the atmospheric conditions, or the result of all the forces thus far considered ; light, heat, electricity, composition, time of the year and day, winds. The nocent influence of the weather depends upon these individual forces, and is similar to that which they exert. A long prevalence of the same weather, or a sudden change to that which is very dissimilar, is highly injurious, producing predispositions, which the slightest cause may develop as disease.

(8.) *Land and Water.*

Although the influence of the land and water* of the earth upon the human organism is still not well known, yet it must be considerable. These agents possess, like the atmosphere, a relative independence, resulting from their power of assimilation and self-maintenance ; they possess an individual life, constant activity, and the powers of renovation, formation, and motion. This we infer from the variations of the needle, from the aurora borealis, from volcanic eruptions, from the formation and continuation of spring, rain, and sea-water, from hot-springs, from the production of fogs, thunder-storms and vapor, and finally from their property of contributing to the production, nutrition, and formation of other organisms, and to the constant maintenance of the various processes of transmutation, without the land and water of the earth none of the organisms existing upon it could continue, as also the former cannot

* *Erdveste. Gewässer.* By these words the author means the *solid* and the *liquid* portions of the Earth's surface, each considered as a unit.—*Tr.*

be conceived of as existing without the latter. They maintain constant relations of assimilation with individual organisms, each contributing to the production and sustenance of the other. In consequence of these constant interchanges with the earth-organisms, with the atmosphere and the cosmical organisms, they (land and water, *Tr.*) are in various ways dependent upon them; hence arises the possibility, that a greater or less disturbance in the activities of the latter may react upon the former, or, *vice versa*, that disturbances of the land and water of the earth may act injuriously upon the earth-organisms and the atmosphere. This interchange with other activities is at the same time the cause why it is so difficult to estimate exactly the noxious influence of the potencies under consideration. This influence will depend very much upon the following circumstances: the geognostic properties of the soil (whether containing deposits of chalk, gypsum, common salt, clay, sand, metal, carbon, pyrites, &c.); the vegetation, abundance or sparseness of vegetable organisms, especially forests, (important as regards the formation of rain and hail, winds, cold, etc.); the presence or absence of animal organisms; the elevation (snow, ice,) or depression of the surface of the earth; the magnetic relations of the earth; the extent of surface covered with water, (lakes, seas); the quantity of rain, the properties of the spring-water, (calcareous, gypseous, chalybeate, sulphurous, saline, acid); finally, volcanic eruptions, heat, cold, time of the year or day, climate, atmospheric and other, to us unknown, cosmical influences.

(9.) *Influence of Men upon each other.*

As in the universe there exists a constant dynamic mutual reaction between the heavenly systems, between the planets in our sun-system, and between the earth and the organisms existing upon it, so the same dynamic reaction exists between individual earth-organisms. This inter-action must be ever-

producing, ever-forming : it will be beneficial to the one life, and prejudicial to the other, or beneficial or prejudicial to both. The generic life will exert an influence upon the generic, the individual upon the individual, or the generic upon the individual, and the individual upon the generic, affecting the maintenance or the derangement of these lives. Such a preserving and disturbing inter-action is necessary, in order to produce unceasing activity (life), to form the various, to decide, preserve and transmute the different.

In order that this should succeed, there is everywhere necessary in life a struggle towards assimilation, which struggle we have called, in the physiological division, the activity of the attraction of similars, and which, as everywhere else, so in man, for natural reasons, must be various in its kind.

The influence which healthy men exert upon one another, by their mutually assimilating activities, manifests itself variously in life. We find among different races of men, between the sexes, among those of the same age, of similar corporeal and mental activity, among the virtuous and the vicious, etc., a strong struggle towards assimilation. Thus man and wife, where they live together harmoniously, acquire a physical similarity, even their features becoming similar, while the mental activity of each strives to assimilate itself to that of the other ; the child seeks its similar among other children, and grows strong among them, while, if confined to the society of adults, it becomes weak ; the virtuous seek to assimilate with the virtuous, and the vicious with the vicious, while the virtuous and vicious mutually repel one another. How often does sympathy or antipathy suddenly spring up between two individuals who have never before met ! Between many animals, also, there is a natural hostility, or repulsion ; as between dogs and cats, the ichneumon and the crocodile. In the vegetable world there exists the same relations of amity or enmity ; the vetch thrives among barley ; *agrostemma githago*, *erum hirsutum*, *lithospermum arvense*, *ranunculus arvensis*, among corn ; oats suffer

from *serratula*, wheat from *erigeron*, and flax from *euphorbia peplus*. When plantations upon heathland arrive at a certain age, the heath disappears, and the earth becomes covered with herbs and grasses which had never before been there. (Froriep's Notices, VIII. p. 116.)

In consequence of this mighty influence which is mutually exerted between dissimilar activities, there must necessarily follow assimilation or repulsion. If the first occur, it is either favorable to both organisms, or it is favorable to one and injurious to the other. A stronger activity will so act upon a weaker as to compel it to assimilate itself to the former, and thus to assume an abnormal life-direction; thus the weaker organism becomes diseased, while the stronger acquires material for normal vegetation.

In investigating the nocent influence of one living organism upon another, it is needful to distinguish between the operations of the *healthy* and of the *diseased* organism.

The influence of healthy individuals upon others who are healthy is found to be very injurious, even endangering life, when those who are very aged habitually live and sleep with the young; the development of the latter is checked, and hectic diseases follow. Thus Schüller relates (Allg. Anzeig. d. Deutschen, 1813, No. 306,) the case of a girl whose growth was not only stopped, but who fell into a wasting decline, and who was cured by removing her from her grandmother, eighty years old, with whom she had been in the habit of sleeping. Starck has seen similar cases, and P. Frank says on the subject (System of Med. Police. of Forensic Medicine, VII. p. 325,) that many children from two to eight years old, though having good and sufficient nourishment, lose strength and flesh from day to day, and finally fall into a fatal decline, simply in consequence of sleeping in the same bed with old and debilitated grandparents and nurses. Kopp first called the attention of physicians to this, and I have several times observed that young women, soon after marrying men who had suffered

with syphilis, though the disease might be perfectly cured, began to sicken, acquired a cachectic appearance, were affected with fluor albus, and finally died with phthisis.

Among such nocent influences Stark (op. cit. p. 350,) reckons the mental agitation produced in pregnant women, or in nursing mothers, by disgusting sights, etc., and which operates injuriously upon the child. In such cases, and at the time of such operation, the mother can no longer be considered healthy, and the cause of disease acts through the mother upon the child.

Not only individuals, but also large masses of men may exert an injurious influence upon each other, where in nationality and race they are very dissimilar, and are brought into close inter-communication. In such cases, however, the effect is aggravated by heterogeneous climate, changed mode of living, etc.

As regards the operation of diseased organisms upon the sound, the reader is referred to the following section.

(To be continued.)

PRACTICAL COMMUNICATIONS.

From the Allg. Hom. Zeit.

By DR. J. SCHWEIKERT, OF BRESLAU.

I. *Homœopathic Cures of Herniæ Incarceratæ.*

1. A female cook, 40 years of age, complained for several days of pains in the bowels and a drawing sensation in the right limb, proceeding from the *regio inguinalis* and extending to the middle of the upper limb. In the afternoon of March 11th, 1848, the pains became so violent, that she could no longer endure them out of bed. In the evening of the same day I was called to see her, and found her in the following state: tympanitic distention of the abdomen, incessant nausea,

frequent vomitings of bile, bowels since yesterday, when she had a small evacuation, obstinately costive; under the right *ligamentum Poupartii*, a hard elastic swelling, so painful that the patient hallooed aloud on touching it. The swelling was of the size of an oval walnut; its greatest diameter fell in the transverse direction of the groin; an exceedingly painful drawing sensation proceeded from the swelling extending to the middle of the upper limb. The tongue dry and coated white, temperature of the hands cool, pulse very small and 130 per minute. On inquiring into the cause of the evil, she replied that the carrying of heavy water buckets might have caused it. No doubt could here exist in relation to the diagnosis, and according to the situation, size, form of the swelling, and the rest of the symptoms, I took it for a *hernia cruralis dextra interna incarnata*.

As my attempt of reduction was unsuccessful and caused violent pains to the patient, I could not induce her to permit a second trial. I gave her immediately *Nux. vom.* 2 gttij., and prepared besides a solution of 10 drops *Nux. vom.* 2, in a wineglass full of water, every half hour, a teaspoonful of it to be taken during the night. Externally, I employed fomentations of warm oatmeal paste. The next morning I was greeted by the patient with a smiling countenance. Half an hour after I left her, she vomited once more, but not at all afterwards. She had slept some, with profuse perspiration. The original swelling had entirely disappeared, its region however was still sensible on touching, the pains in the limb were gone; the abdomen yet tympanitically distended and very painful; the perspiration abated towards morning, the skin was more dry and very hot; evacuation none, pulse hard and quick, 100 per minute. The incarceration was consequently removed, a *peritonitis* remained however, as a consequential disease. I gave *Aconite* 1, 10 drops in a wineglass full of water, every hour a teaspoonful.

March 13. The patient had a tolerable night's rest, pulse

Practical Communications.

was softer, some perspiration, and three thin evacuations. The tympanitis of the abdomen still in the same degree; the abdomen however appeared to be less painful on touching; neither nausea nor vomiting appeared; *Belladonna* 1, 10 drops in a wineglass full of water, every hour a teaspoonful.

March 14. Abdomen decidedly less painful, tympanitis was also less; no evacuation, the tongue appeared moister; pulse soft and frequent, 100 per minute. *Presc.* the same.

March 15. The menstruation appeared at its regular time; three times there were pappy stools; abdomen much less painful and tympanitic; skin perspiring; pulse as it was the day previous. The same remedy.

From the 16th of March, the symptoms of peritonitis were entirely removed. The patient however, reduced by hard labor, could but slowly recover under the employment of *China* and *Arsenic*, and was only on the 3d of April perfectly cured, and dismissed from my treatment.

2. Mrs. Hoffman, a slender woman, 52 years of age, past menstruation, suffering for years from a chronic catarrh of the lungs and windpipe, generally in the spring and autumn, visited a friend on the evening of the 29th of March, 1848, and felt suddenly, on crossing a broad gutter, pain in the region of the right groin. She dragged herself painfully to the house of her friend; there arrived, she was soon seized with vomiting, and violent, cutting, tearing pains, extending from the right groin over the whole abdomen. She was soon after brought home in a hack, when I was sent for; but having been abroad I could not see her before morning; the patient had a very restless night and vomited 10 or 12 times bilious matter; she complained of violent pains in the abdomen, which was however not tympanitically distended, and in the region of the right groin to such a degree that she cried aloud upon the least touch. Since yesterday morning no evacuation of the bowels. As all the symptoms seemed to resemble very much those of a *hernia incarcerata*, I forthwith examined the region of the right groin and

found there a *hernia cruralis interna* of the size of a large hazel-nut, very hard and sensible upon touch. The epidermis on the whole body, but especially on the hernial region, was burning hot; pulse small and quick, tongue dry. The excessive burning thirst the patient dared not to quench, as after every swallow of liquid violent vomiting set in. I attempted forthwith the reduction and succeeded, loud clucking sounds being heard in pushing back the half of the swelling; the remaining half, about the size of a small hazel-nut, notwithstanding the greatest exertions on my part, could not be removed. I gave consequently *Nux. vom.* 2, 10 drops in a wineglass full of water, every half hour a teaspoonful to be taken, and ordered poultices of oatmeal paste. I visited the patient again at 5, P. M.; she had vomited less frequently and could bear already some liquid. The pain in the abdomen was less, pulse had become somewhat stronger, as well as the epidermis moist, tongue still dry, no evacuation as yet, the hernia of the same size as in the morning after the reduction, quite soft, and by a careful pressure was entirely pushed back into the abdomen. The vomiting did not return the succeeding night, the abdominal pain had almost entirely disappeared, the bowels had discharged, the tongue was moist, the pulse quite regular, and the woman was, some sensibility of the hernia region excepted, but without the least appearance of a hernia swelling, perfectly well. The painfulness of the region of the groin, gave way in a few days under the use of the same remedy.

II. *Inflammatory Brain — and Brain Membrane Diseases.*

1. *Arachnitis acuta.* Count L. d. P., son of a Polish nobleman, 7 years of age, had formerly frequently been afflicted with diarrhoeas consequent upon *scrophula meseraica*. On the 21st of April, 1848, after a walk in the afternoon, he became suddenly ill, with violent fever, having five weeks before got over the measles well and without any further consequences.

When I saw him, at 6 o'clock, P. M., his pulse was hard and full; skin dry and burning hot, especially at the head and the region of the stomach, the eyes shining and injected, avoiding the light, the pupil very small; he was perfectly conscious and very thirsty; the drinks he swallowed hastily; since yesterday no evacuation of the bowels; to judge from the appearance of the tongue, no fault in the diet had been committed; *Presc. Aconite*, 1, 6 drops in a wineglass full of water, every half hour a teaspoonful. At 10 o'clock, P. M., I was sent for again, when I found him much worse in every respect. The very hard and full pulse was at 150 per minute; violent beating of the carotids and temporal arteries; the skin upon the whole body excessively hot and the pores completely obstructed; face red and bloated; the conjunctiva of the eyes still redder; the eyes were only half open, and suddenly closed, as soon as a ray of light entered, even from a great distance; incessant delirium, snatching with the hands about the bed, and always incoherent answers to questions; tongue somewhat dry. I ordered now cold fomentations upon the head with the direction to renew the same every 5 to 10 minutes, and prescribed a solution of 10 drops *Belladonna* 1, in a wineglass full of water, to be taken in alternation with the above solution of *Aconite*, a teaspoonful at a time. The next morning I found the patient perfectly conscious; up to midnight there was no change; between one and two o'clock, A. M., some perspiration broke out, and he became easier. Pulse softer, at 120 per minute; eyes more free; no evacuation.

On the morning of the third day after a somewhat uneasy night, yet without delirium, the patient had a natural evacuation. Appetite appeared and the pulse sunk to 100 a minute.

Presc. Bellad. 3, three drops in solution, every hour a teaspoonful. On the fourth day he was perfectly well.

2. *Encephalitis insolationis*. Max Kleinod of Breslau, a very healthy boy, 4 years of age, had six weeks ago the measles complicated with a considerable bronchitis, and has been since two weeks admitted to the fresh air.

On the 6th of June, 1848, in a very hot day, he run about in the sun from 2 to 6 P. M., mostly without any covering to the head. During the succeeding night he became ill, with violent general heat. For this his mother gave him a solution of several drops of *Aconite* 3, every hour a teaspoonful. In the course of the forenoon the following additional symptoms appeared: restless tossing about in the bed; frequent deep sighing, incessant chewing, without having taken any food, shutting of the eyes, especially on entering of light, the pores of the skin completely stopped up.

I could not see the patient before 2 P. M.; a messenger informed me, that he was seized with spasms, which had not yet left him on my visit half an hour later. The child made a very alarming impression upon me; there was total unconsciousness, he answering no questions. The spasms were clonic and tonic, at one time the limbs were rigid and immovable for 15 minutes, then again they were under spasmodic trembling, twisted and turned; the teeth were at one time closely pressed to each other, then again the mouth was distorted, and the lower jaw moved back and forth; at one time there was deep groaning and sobbing with violent motions of the chest, then again no motion of the chest was perceptible during respiration, and such a deep abdominal respiration set in, that the fist could almost be placed in the pit of the stomach. The eyes were mostly spasmodically closed, on opening the eye-lids, the pupils were closely contracted, the conjunctiva however vivid red. Excessive heat of the whole body, pulse hard and small, 160 to 170 a minute at least; since yesterday no stool. I gave him forthwith three drops *Belladonna* 1; ordered a warm bath, wherein cold fomentations upon the head were applied. The spasms seemed already previous to the bath to abate, which I attributed to the *Belladonna*; in the bath they became stronger again, but decidedly better after it. I gave him now *Aconite* 1, and *Belladonna* 1, 10 drops of each dissolved in a wineglass full of water, to be

taken in alternation every half hour a teaspoonful of each ; after an hour and a half, when I left him, he was much more calm only now and then convulsive motions of the limbs, the hands always towards the head, tonic spasms no more apparent ; respiration more thoracic, only occasionally groaning, not as violent, however ; the eyes were closed, when loudly called upon, he opened them widely and looked about him with shy, staring glances. He could not talk. The lower jaw was still occasionally moved back and forth, as if chewing. Pulse 150 a minute, still hard, but stronger ; the epidermis seemed to become moist after the bath. *Presc.* to continue with both remedies.

The next morning I found the patient perfectly conscious, he became quieter after my departure and had perspired a little. No spasms. The fever still considerably violent. *Presc.* the same remedies. The fever continued also during the three succeeding days, under the administration of the above remedies, which however, was not alarming, as I could only consider it as a beneficial fever of reaction, inasmuch as all the other highly dangerous symptoms did not again appear. On the fifth day, the patient was perfectly cured and dismissed.

ON THE HOMŒOPATHIC TREATMENT OF SMALL-POX.

From the British Journal of Homœopathy, Vol. 7, No. 30.

By J. P. LIEDBECK, M. D. OF STOCKHOLM.

THE small-pox, before the introduction of vaccination as a prophylactic means, was better known than it is at the present time. What remains of this disease under the name of modified small-pox is a mere fragment of the ancient epidemy,* which only now and then appears in its severe form, in consequence of the vaccination having been omitted, or the vaccine not having

* "Before the introduction of vaccination in the middle of the last century, one tenth of our Swedish children died yearly from small-pox." *Rosenstein: on the Diseases of Children*, Stockholm, 1771, p. 151.

taken effect, as for instance, when there remain marks on the skin which are scarcely perceptible, or when there are none at all. If the surface be marked by many minute pits or indentations, denoting the number of cells of which the vesicle had been composed, then we may rely on the efficacy of the remedy, or trust that small-pox of a mild form only may occur; and if the previous vaccination has been efficacious, the second induces a mere miniature vesicle which runs its course more rapidly. As regards the recurrence of the small-pox, it would be unjust to claim a more absolute protection from vaccination than from the disease itself.

Man is seldom attacked twice with this disease: such cases may occur, but then the first attack will more generally have assumed a malignant form, and such instances (*viz.* the same person being twice attacked) are exceptions to the general rule, which is, that man is secure from a second attack; and also when the cicatrix after vaccination remains deeply marked, the liability to contagion is far less. “Could vaccination protect us from the small-pox otherwise than homœopathically? Without mentioning any other traits of close resemblance which often exist between these two maladies, they have this in common — they generally appear but once during the course of a person’s life; they leave behind cicatrices equally deep; they both occasion tumefaction of the axillary glands; fevers that are analogous; an inflamed areola round each pock; and finally ophthalmia and convulsions. The cow-pox would even destroy the small-pox on its first appearance, that is to say, it would cure this malady when already present if the small-pox were not stronger than it — to produce this effect, then, it only wants that excess of power which, according to the law of nature, ought to accompany the homœopathic resemblance in order to effect a cure. Vaccination, considered as a homœopathic remedy, cannot, therefore, prove efficacious except when employed previous to the appearance of the small-pox, which is the stronger of the two. When so employed it excites a disease very analo-

*

gous (and consequently homœopathic) to the small-pox, after whose course, the human body, which as usual, can only be attacked once with a disease of this nature, is henceforward protected against a similar contagion." (HAHNEMANN, *Org. of Medicine*, Introduction, p. 83.)

Although the small-pox now seldom appears in its old and frightful character, yet is the danger sufficient to claim attention : and the knowledge of the nature and treatment of the disease is no more superfluous now than formerly.

The author cannot recommend a better guide for acquiring a knowledge of this disease than the work of *N. Rosén v. Rosenstein, on the Diseases of Children.*

Among the medical writers of late date, perhaps none has had a better opportunity to observe and describe the small-pox than Rosenstein, and the account he gives fully accords with what we observe at the present day when the disease is raging in its malignity. "It is difficult," says this writer, "to recognize the disease during the *first period*, which generally lasts about four days ; when the epidemy is raging, and there are general symptoms of an eruptive fever, namely, lassitude from no external cause, shivering and heat, pains in the lumbar region, oppression on the chest with inclination to sigh, and other symptoms more particularly attendant on small-pox, as *tumefaction of the face*, heaviness over the eyes with watering of the eyes, more particularly the left one, pain or tenderness of the epigastrium, tendency to sleep, startings in sleep, and *excessive vomiting*, then we may conclude the patient is attacked with the disease. The fever continues with more or less vehemence till the eruption breaks out, and about the fourth day the eruption appears as small red pimples, which to the touch feel as large as a pin's head, first on the face, lips, and nose, and gradually spreads over the surface of the body, each pock becomes more elevated and larger, the apex white, the base and surrounding part red, as also the skin between them, the febrile symptoms abating in proportion as the pustules increase in number and height, when

also the fever and vomiting decrease ; and when the pustules are fully out, which occurs in a couple of days during the *second period*, then the fever and vomiting cease.

“The *third period* begins when all the pustules are out in the face, and ceases when they begin to dry up. On the 8th or 9th day the pustules are ripe and yellow ; they become higher and broader ; their bases are still red and painful ; the eye-lids are swollen and sometimes closed, whereby the patient is rendered blind till about the 11th, when the tumefaction gradually declines. During this period the *suppurative fever* (febris suppuratoria) sets in.

“The *fourth period* commences on the 12th day from the drying up of the pustules, and lasts till the scabs separate ; the pustules drying up in the same order in which they came out. And febrile symptoms a third time, often appear, the suppurative fever having scarcely ceased. There is hardly any fever unless the disease be malignant.

“When the disease is malignant, the eruption appears within 72 hours, suddenly and very full, *closing the nostrils*, and often occasioning *difficulty of swallowing*. The pustules are small and confluent, and not being yellow and ripe, or elevated and pointed, they contain no pus ; and if on the 12th day the pustules be opened, a fluid like water escapes, and the scabs leave deep pits.*

In the malignant disease the pustules assume a green, violet, bloody, or black color ; and when the small-pox is accompanied with blood-spitting or pleurisy, it is always of a malignant form.† The fever which generally ceases as the eruption appears, continues, and the suppurative fever then comes on all at once with great violence. In the second period already, there is an increased flow of saliva more or less tough, which threatens to choke the patient.”

As regards the nursing of the patient, according to Rosenstein, the following rules must be observed :

* Distilled water put to this fluid makes it, however, opaque and turbid.

† Sometimes I have seen the small-pox accompanied with a kind of *miliary fever*, known by a peculiar exhalation (smelling like straw) from the skin.

“The room should be large, free from draught, and lighted according to the feelings of the patient, who may also regulate the temperature of the room, which is generally preferred at 56 or 57 degrees. The linen should be well aired, and if it should adhere to the skin, the easiest way of removing it is to hold over the part a sponge filled with warm milk or water. The patient must not be allowed to talk ; he may eat when he feels appetite, but little at a time, and never meat during a fever paroxysm, as at night, for instance. All kinds of gruel are suitable, as also fruits and toast and water, milk and water, barley water, &c. To drink much, often, and little at a time in the small-pox, as in all fevers is advisable. The patient when delirious feels no thirst, but should be made to drink as often as necessary, — sweet juices of fruit are often refreshing.”

As regards the treatment of small-pox, Sydenham (in the seventeenth century) knew that blood-letting prevented the appearance of the eruption, and yet his experience is not more generally followed in practice, notwithstanding the progress medical science has made in our days ; although many modes of treatment have been adopted by different Medical Schools, yet all deviate more or less from simplicity, which is generally more commended than followed. For instance, *Aconite* has, by medical men of Hahnemann's school, been too often administered for the small-pox, although it has never been proved that *Aconite* excites any symptom analogous to small-pox but its fever or the reaction of the arterial system ; this being a secondary part merely of the disease. Other remedies, as *Belladonna*, *Mercury*, *Rhus*, *China*, *Silicea*, *Vaccine*, &c. have also been recommended, the effects of which are but partly similar to different stages and symptoms of the disease ; but none of his followers has ever thought of administering a homœopathic remedy for the small-pox which were applicable in all its stages.

Professor Berg, of Stockholm, was the only one who, perhaps, led by a different opinion of the action of remedies, thought of something of this kind, but making use of blood-letting also,

the result he obtained was less efficacious. However, it was surprising to me to find among my own countrymen a medical writer who administered the same medicine in the treatment of small-pox, although in larger doses than necessary.

Tartarus antimonialis, stibiatus sive emeticus is then the remedy which is used by Professor Berg and myself as a remedy for the small-pox. When I first published our observations and experiments in a German journal, the *Hygea*, No. XI. 1839, I had then, as well as up to the present time, never seen a patient die from the small-pox, who was treated by this remedy in smaller doses than those which are generally given.

Although I never had under my care as many (215) patients attacked with small-pox as Dr. Berg, yet in all cases the disease yielded mostly to *Tart. ant.* in small doses, without the use of blood-letting, and without leaving a vestige of any after effect.

By making an extract from the account I gave in the *Hygea*, 1839, it will be seen how I obtained a knowledge of this remedy.

It is known that cow-pox inoculation was introduced by law into Sweden; and I leave it undecided whether the vaccination of Jenner be attended with more good than evil; in my own family I have seen both. We have known scurf and ulcers, in healthy children, to be the immediate result of vaccination, as well as eruptions and itch to be removed by the same.* The tumefaction of the skin observed by Rosen and others, we have known to be absent, the pock being modified. The identity of these pustules with the eruption occasioned by *Ung. tart. stibiat.* was already known to Autenrieth, and similar pustules are sometimes observed after poisoning by *Tart. stibiat.*, and according to Hahnemann, miliary fever, scabs, &c. are produced by it. It is astonishing then that no homœopathist ever thought of applying this remedy as a specific in small-pox. It is now a long time since I was prepared to treat the small-pox with this remedy in the smallest doses that are used in the alloëopathic

* Nævi, it is known, will often disappear after vaccination.

treatment. Having tried it during this year (1839) at the University Hospital, as well as in my private practice, I have had ample opportunity of testing its value, the small-pox at that time being generally accompanied with gastric symptoms, furred tongue, &c. ; — gastric and nervous fevers (see Fleischmann, Hygea, and Dr. Berg in the Swedish Hygea, third part, 1839,) and typhus petechialis belonged also to the symptoms observed.

The small-pox, like any other acute skin disease left to itself, may doubtless often run its course and the patient recover (see Dr. Berg's observations ;) but it is also true that the patient's sufferings may be greatly alleviated by the use of *Tart. stib.* in doses of half to one grain, dissolved in a pint of water, of which one table-spoonful is given every fourth hour. Often, after the first dose, I found the tongue cleaner, the fever subsiding ; in short, the disease ran its course with less severe pains to the patient ; even the difficulty of swallowing was sometimes much less when the remedy had been administered in time. If the last symptom were accompanied with foul breath, whether the patient had ptyalism or not, I applied *Unguent. hydr.* with good effect ; a quantity not exceeding in size a pea to be rubbed in from ear to ear under the cheeks ; after it had been used twice, this symptom generally disappeared within twelve to fourteen hours.

A desperate case of *confluent* small-pox, with bleeding from the nose, affection of the chest, delirium, and difficulty of swallowing, was observed at the University Hospital. The patient was a laboring man, and in the house in which he used to live a servant girl had died a short time before from small-pox. *Mercur. solub.* was given in vain, and afterwards Dr. Eisenmann's method of removing infectious matter with *Chlorine* was tried, which of course proved useless. I am sorry now I did not try *Tart. stib.*, as I know (from Hygea, 1839, part III. p. 127) that Dr. Berg used to give the same remedy in those cases. Dr. Berg says :

“The small-pox epidemic which commenced in October, 1837, and ended in September, 1838, consequently of one year’s duration, was the greatest that ever was known. If we deduct the influence of the increased garrison in June, it will show a *sudden but regular increase of the epidemic till January, when it reached its maximum*, after which, during the first half year, it became stationary, and fell suddenly after this period. The general character of the epidemic seems to have been this: the eruption, though very often confluent, was not attended with any danger in proportion to its extent, and there was often no suppurative fever. In those cases that proved fatal, the cause, *without exception*, seems to have been the irritation of the *respiratory mucous membrane*, and laryngitis, tracheitis, and bronchitis with lobular hepatitis, as the results of the *specific* irritation of the contagion were *most difficult to conquer by common antiphlogistic treatment*, although it proved *successful in many cases*. Where there was no irritation of the respiratory mucous membrane I did not consider myself called upon, only regarding the eruption on the skin, however full it might be, to use any internal treatment; whereas the irritation of the respiratory organs always requires blood-letting, general or local, according to its degree and extent; and *repeated use of Tart. ant. in small doses*, to be followed by other remedies according to circumstances.”

From Dr. Berg’s report of the Royal Military Hospital of Stockholm, 1838, it may be seen that out of 214 soldiers attacked with the small-pox only 13 died, and 201 left the hospital cured, the per-centage being thus $6\frac{1}{13}$. After all that has been said with regard to *Tart. antim.* it is as much the specific remedy for the small-pox, according to homœopathic principles, as *Mercury* is that for syphilis. In order to prove this fact still more, I refer my readers to *Froriep’s Notizen*, March, 1839. *Tartarus antim.* in large doses is there mentioned to have produced *dryness, heat, and redness in the throat*, as also internal eruption; in the mouth, throat, larynx, and trachea were found large pustules with depression in their centre (*vertiefte.**)

* Among pathological anatomists, Rokitsansky and Engel, at the head of the school of Vienna in particular, have truly described the internal pustules caused by the use of *Tart. stib.* in large doses. The former found them most numerous in the lower third of the cesophagus (*Rokitsansky, Handbuch der Pathol. Anatomie*, III. 162.) The latter dwells more particularly on the effect of *Tart. stib.* as shown in the mouth and throat, and from the stomach all the way down to the orifice of the rectum (Comp.

The internal small-pox, when it proves fatal, is accompanied with a more general ulceration of the mucous membrane of the larynx and trachea, as I found in two instances of post-mortem examination at the University Hospital of Upsala.* But the question is, whether this ulceration in fatal cases be not the secondary result of confluent small-pox in the larynx, as often is the case on the skin in a malignant form of the disease. The cause of the controversies among medical men, whether internal eruptions occur or not, might be, that some only have observed the primary form of the internal pocks, indented in their middle; others again, and myself among the number, only the ulceration; whilst others, with their preconceived opinions, have drawn unwarrantable inferences from autopsies.

It is now nine years since I wrote this article in the German language, and I have certainly nothing to retract, but would only refer to *Tart. stib.* as a substitute for cow-pox inoculation, (Compare my treatise *On Vomiting and the ordinary Emetics*, Upsala, 1843, p. 43.)† It will suffice to add here the following remarks:

During the last few years I have used generally *Vinum. stib.* (according to the Swedish pharmacopœia) instead of *Tart. stib.* dissolved in water. It contains a quarter of a grain of the salt in a drachm of wine, or one grain in an ounce — each drop

Allgem. Repert. de. med. chirurg. Journalistik, 1843, s. 6.) In the post-mortem examination he found the injected capillaries in the mouth and throat circumscribed, of a light red color, and bleeding easily; the hyperemic follicles in the large intestine tumefied, and the glands of the ileum enlarged, the mucous-membrane being pallid, dry, and brittle, as also its valvulæ conniventes dry and pallid, the result of which is mortification of the mucous-membrane of the whole alimentary canal. So far the author. The effect of this remedy upon healthy persons will be nearly the same.

* One of these instances happened in the laboring man above-mentioned; the second under the treatment of another physician of the ordinary school, after my appointment had ceased.

† Lichtenstein even found that the lymph taken from pustules which were produced by *Tart. stib.* may produce vesicles, which in non-vaccinated persons in no way differ in appearance from those occasioned by the vaccination. In thirty-one cases this fact was established, and that the pustules from *Tart. stib.* protect against the small-pox. (See *Rep. de. med. chir. Journalistik*, Okt. 1840, p. 136.)

therefore contains $\frac{1}{480}$ th part of a grain of the salt. *Vinum stib.* according to the Swedish Pharm., lies thus between the first centesimal and third decimal dilutions.

Of this remedy I usually gave one, two or three drops every three or four hours, with a little water in a tumbler or in an ivory or wooden spoon — the same salt dissolved in water was given in the dose of from a teaspoonful to a tablespoonful, according to the age of the patient. According to the common calculation of three teaspoonfuls to a tablespoonful ($\frac{1}{2}$ oz.) every teaspoonful contains $\frac{1}{72}$ to $\frac{1}{144}$ gr. salt, and every table-spoon three times as much, $\frac{1}{24}$ to $\frac{1}{41}$ gr. Thus, for a grown person is used not so large a dose as formerly for children, and still the remedy in these small doses is very effective, and does not produce nausea, which is generally caused by the larger doses. I have always found it most efficacious, never having lost a patient who had taken it, and when early applied, the patient has not even been confined to his bed. In confluent small-pox, accompanied with heat and itching, it is a febrifuge remedy, and allays the irritation of the skin better than any other remedy. It is possible that the dose of this medicine may be still further reduced, and like other heroic remedies still retain its effect ; experience has not yet tested this.

The knowledge of homœopathy and its small doses is barely more than half a century old, and as a system of medicine it begins to be more approved of in other countries. Its lineage consequently is not to be counted from past ages. There was a time when *Antimony* as a remedy was forbidden ;* and in our

* Preconceived opinion, and its power over medical men, has ever been the cause of checking the progress of important discoveries in science. One overrated what the other rejected, and both, misled by exaggerations, deviated from the true way to a knowledge of the action of medicines. *Antimony* is one instance of this. Its mere name (*Antimoine*) gives an idea that it was forbidden to be employed by the monks ; and medical men of the 16th century, with their many doctrines, (the dogmatic, or the school of Galen, the chemiatic, or the school of Paracelsus, &c.) differed among themselves either in under or overrating the same remedy. The school of Galen, the most powerful, opposed the introduction of *Antimony*, which was entirely struck out of the list of remedies, as not suited for their unnatural and narrow-minded system.

days we find literary men and their corporations, as well as most other persons, disapprove and reject new medicinal methods, without having sufficiently tested their utility, with the same obstinacy as they cling to other old doctrines, the effects of which have been talked of rather than proved.

Five drops of *Vin. stib.* is considered by Dr. Berg as a sufficient dose to produce vomiting in a baby at the breast, whereas formerly much larger doses were given for the same purpose. From three drops taken every 3 — 4 hours, I have sometimes known nausea produced in an adult; but if that occur the dose should either be diminished by higher dilution, or it should be discontinued, its effect in producing vomiting not being desired when used as a homœopathic remedy in small-pox.* Should the physician not prepare his own medicine it would consequently be advisable to get it from an approved chemist. If the remedy be judiciously administered, or according to the

This was done through the medium of the medical faculty of Paris, by an Act of Parliament, 1566, by which the use of it even by medical men was prohibited on the penalty of a severe punishment. Turquet de Mayerne not obeying the decree, the act was renewed, 1603, and Bernier, on account of his transgression of the same, was formally dismissed from the faculty in 1609. Not only in France, but also in Germany the same rash measures were resorted to, and in 1580, at Heidelberg, every medical man was forbidden to use either *Antimony* or *Mercury* internally, which interdiction lasted nearly a century. In 1650 the parliamentary act of Paris was abrogated, and five years afterwards the use of *Antimony* by examined medical men was consented to by the faculty of Heidelberg. For this act of liberality on the part of the Faculties we are much indebted to men such as Kunkel von Löwenstern, Krato von Kraftheim, Frederick Hoffinan, &c., through whose discoveries the usefulness of this remedy became known. A more enlightened time and a more general knowledge of *Antimony* and its preparations, in spite of the prohibition of the remedy, might have done more towards the withdrawal of the interdiction, else it would not be so easily conceived that the chemiatic school, with Paracelsus at their head, should have met with a greater opposition than their successors, and, in fact, all the rest of chemical physicians now-a-days. "*Invidia medicorum pessima*, is an old proverb, the truth of which men of the profession have *always* found." (*Les passions*, par Descuret.) A better account of *Antimony* and *Tart. emet.* is to be found in the *Archiv. für homœop. Heilk.* 3 B. 2 Heft. Leipzig, 1824.

* A better account of *Tart. antim.* as a depletory means, and still more its mechanical action in general, is to be found in my pamphlet, "On vomiting and the usual emetics in relation to the healing art of nature in cases of congestion and inflammation of the brain and other viscera." Upsala, 1843.

direction given above, I have no doubt that the small-pox, hitherto so much dreaded, will be mastered.—*British Journal Hom.*

HOMŒOPATHY IN ACUTE DISEASES.

(NARRATIVE OF A MISSION TO IRELAND DURING THE FAMINE AND
PESTILENCE OF 1847.)

BY JOSEPH KIDD, Surgeon.*

THERE are few patients commencing homœopathic treatment, who do not feel and express their dread of the insufficiency of that treatment in acute disorders or where life is endangered, in their ignorance of the fact, that in none more completely than in the most dangerous diseases does Homœopathy stand successful over the practice of the old system.

The same objection is also attempted to be made by the greater portion of our medical brethren of the old school, and has been often witnessed in the first trials of the homœopathic principle and medicines by allœopathic practitioners, in their transition state from the uncertainty of their former practice, to the true “rational medicine” of the Homœopathists, founded on the general law which experience proves to be unerring in its guidance, in the proper adaptation of medicine to disease.

To be able to dispel this illusion, it has been ever deemed by the true friends of Homœopathy, the most desirable to accumulate evidence, by submitting the system to the most severe and open tests, whenever the opportunity presented itself for applying it in the treatment of acute diseases. It has been felt, indeed, that the success gained in trials of this nature must be the true touchstone of the system, inasmuch as the

* From a work entitled “Truths and their Reception, considered in Relation to the Doctrine of Homœopathy.” London: 1849.

most favorable results in chronic diseases may always be exposed to special criticism and ingenious explaining away, which writers like Dr. Forbes, confessing the force of the results, but not inclined to give credit to the means, are usually ready to make use of when no other arguments remain.

Thus it is that the full confidence in the truth and universal applicability of the homœopathic principle has ever caused its professors to look with delight on every possible opportunity of testing its actual value as well in individual cases as in the severest epidemics, whenever and wherever occurring.

The treatment of the epidemic of typhus fever, which occurred in Germany in 1813, by Hahnemann himself, is a prominent instance of this kind, when nearly two hundred patients were treated, without the loss of a single case, at the time when an enormous mortality attended the mode of practice sanctioned by ages.* Again, we have an equally remarkable instance in the promptitude and zeal with which numbers of homœopathic practitioners in Germany, Russia, and France, came forward to apply the treatment in the Asiatic Cholera, at the last visitation in 1831-2.

Also in various epidemics of scarlatina, measles, &c., treated homœopathically on the continent and in this country, a very interesting account of an epidemic of scarlatina thus treated being contained in the *British Journal of Homœopathy*, Vol. III. p. 91, by Dr. Ozanne, of Guernsey, and another of measles, in the January Number of the present year of the same Journal, by the same able practitioner, in both of which remarkable success resulted from the means employed.

As evidence of the same, may be adduced the results ob-

* A most interesting and curious proof of the certainty with which the homœopathic law enables practitioners to apply medicines to any disease, may be found in the fact, that the medicines used by Hahnemann in 1813, in typhus, with such success. (*Bryonia* and *Rhus tox.*) and by Dr. Quin, of London, in the typhus fever following cholera in Moravia, in 1831, were those which a comparison of the typhus in Ireland with the materia medica enabled me to select, and which my experience found most useful, although ignorant at that time of their use in either of the former cases.

tained in the treatment of acute diseases at the homœopathic hospitals of Vienna and Linz, where the most dangerous diseases have been treated with such success as to have caused the violent remedies of the old system to be laid aside, and to be considered, indeed, positively injurious by many of their former most attached admirers, one of the most celebrated of whom (Skoda, Physician to the General Hospital at Vienna,) now regards "hay water" as the best and universal medicine for all diseases.

Finally, perhaps, the same confidence in the truth and universal applicability of the homœopathic system may be found in the results of its trial in the epidemic of fever and dysentery in Ireland, in 1847, undertaken by myself, at the request of the Committee of the English Homœopathic Association, and carried out in the face of difficulties and dangers not to be surmounted, save by a firm confidence in the unvarying truth of the homœopathic law.

As introductory to our more immediate object, a glance at the history of the great Irish famine of 1846-7 will be necessary.

Ireland has been visited, from time to time, for centuries, with partial and almost periodical famines,* which, except as matters of history, and for the suffering produced in the localities afflicted, were soon lost sight of, and their sad but instructive lessons unheeded. Few of the present generation will ever forget the melancholy visitation of 1846-7, when, at the approach of some unseen but all-powerful agent, of which we know exactly nothing, the food of millions of human beings was

* In the year 1740-1 (*called the year of slaughter*,) it was estimated that one fifth of the entire population perished of want and fever! In the years 1798 to 1800, general scarcity and dearth of all provisions. In 1817-8, general distress all over Ireland, from the same causes, one million and a half of the population having been affected with fever that year. In 1822, almost total loss of the potato crop in Munster and Connaught. In 1831, the same in Galway, Mayo, and Donegal. In 1835-6-7, partial famine in various parts of Ireland. In 1839, a partial failure of the potato crop in most parts of Ireland.

destroyed in the course of a very few days,* and when in the face of the most amazing efforts made for its relief by all classes of society in England, America, and various continental countries, hundreds of thousands of victims told how insufficient all human aid must prove at such a crisis.

The recent potato disease first appeared in Ireland in the autumn of 1845, and caused the destruction of a large portion of that season's crop, but only in particular districts, and to a partial extent, which was in some degree compensated for by an abundant crop of corn and of green vegetables, hay, &c., so that none were prepared for the universal destruction of the next year's crop, which occurred much earlier in the season (long before vegetation had ceased,) and more generally than at the previous visitation. The corn crops also proved very deficient, both in those countries, and all over Europe, necessarily followed by an extraordinary increase in prices, so that in most parts of Ireland the cost of provisions became more than doubled, and in many places (where food at other times was cheapest) nearly trebled. The almost inevitable consequences soon followed; the greater part of the population, previously existing — almost without the use of money — on potatoes, easily obtained by a small outlay of labor and seed, found themselves without food, or the means of purchasing it, and want and starvation began to prevail very generally. At this particular juncture, the system of "public works" was humanely instituted by the Government, afterwards so grievously abused, and gradually extended during the winter and

* The following extract from the able and impartial history of the "Irish Crisis," by Mr. Trevelyan, in the *Edinburgh Review* (January 1848,) conveys a good description of the rapid destruction of the potato crop which then took place: — "On the 27th of last month (July,) I passed," Father Matthew writes in a letter published in the parliamentary papers, "from Cork to Dublin, and this doomed plant bloomed in all the luxuriance of an abundant harvest. Returning on the 3rd instant, (August,) I beheld with sorrow one wide waste of putrifying vegetation. In many places the wretched people were seated on the fences of their decaying gardens, wringing their hands, and wailing bitterly the destruction that had left them foodless.'"

spring, till the major portion of the male population was employed.*

As the winter advanced, distress increased to a most fearful extent, in spite of the employment given to myriads of the people, and melancholy instances of death from actual starvation were of daily occurrence by the roadsides, in the fields, and often of entire families, shut up in their wretched hovels. Thus did matters go on without improvement till the latter end of March, when vast supplies of Indian corn and meal arriving from America, and the continent,† prices declined most rapidly, and the supply even in the most backward places became abundant, from which time the previously numerous instances of death by starvation became more and more rare, finally disappearing as the system of out-door relief under the new Poor-Law Act came into operation, towards June and July.

As might have been expected, disease rapidly followed in the track of famine,‡ adding fresh victims to the ravages of the latter, prolonging (or renewing) the period of suffering and affliction.

Dysentery had appeared early in that fearful winter, increasing in amount until spring (the time most to be dreaded for epidemics,) when fever followed, and the entire of Ireland became covered with a widely-devastating pestilence, by which numbers of the clergymen of all persuasions, medical men, and the resident gentry, who had devoted themselves to the relief of their afflicted fellow-creatures, fell victims to their benevolent exertions.§

* The numbers were — in October, 114,000, in December, 440,000, in January, 570,000, thence gradually increasing till March, when 734,000 (representing nearly three millions of the population) were so employed, when the Government found it necessary to dismiss twenty per cent., and the remainder gradually till nearly all were disbanded in June, as otherwise the lands would have remained uncultivated.

† In the last week of March, it was estimated that in the harbor of Cork alone, upwards of 250 vessels were lying, containing nearly 50,000 tons of Indian corn, and a fall in price of three to four pounds a ton took place within a few weeks. — “The Irish Crisis,” in *Edinburgh Review*, January, 1848.

‡ The connection between famine and fever will be resumed in another place.

§ The week after my arrival in Bantry, the Rev. Dr. Trail, of Skull (10 miles from Bantry, died of exhaustion, consequent upon repeated attacks of the epidemic,

I cannot better illustrate the ravages which fever and dysentery were then committing, than by introducing the following quotation from the second edition of my friend Mr. Sampson's work on Homœopathy,* published in January of the present year, which will at the same time explain the cause and origin of my mission to Ireland.

“ During the early part of 1847, the accounts from Ireland of the daily extending ravages of pestilence first took that frightful form, which caused the year to assume the place it now occupies in the records of human calamity. It was not, however, until the 26th of March that the extent of the evil became fully known. On that day the news came from three localities widely asunder, Armagh, Mayo, and Cork, that the progress of disease in the respective districts was such, that hundreds of the sufferers were totally without any medical assistance whatever, that the workhouses were crowded, and that the attendants and medical men were daily dying, so that, in many instances, both paupers and officers were alike destitute.

“ ‘ In Ballinrobe,’ says the *Mayo Constitution* of the 23rd of March, ‘ the workhouse is in the most awfully deplorable state, pestilence having attacked nearly all within its walls. In fact, the building is one horrible charnel-house, the unfortunate paupers being nearly all the victims of a fearful fever, the dying and the dead, we might say, huddled together. The master has become one of the victims; the clerk, a young man, whose energies were devoted to the well-being of the Union, has been added to the number; the matron, too, is dead, and the respected and esteemed physician has likewise fallen, in his constant attendance on the deceased inmates. This is the position of the Ballinrobe house, every officer swept away, while the number of deaths amongst the inmates is unknown. It yet remains, also, to add, that the Roman Catholic chaplain lies dangerously ill of the same epidemic.’ ”

caught in close attendance upon his poor parishioners; also Capt. Drury, the inspecting officer of the public works in Kinsale; and the curate of Bantry, (Rev. A. Hallowell,) as well as the physician to the union, were both laid up with the same disease; also one or two Roman Catholic priests, in the county between Bandon and Cork.

* Homœopathy, its Principle, Theory, and Practice.

“From Cork the accounts were equally alarming, and amongst other details, mostly showing that ‘professional men seemed to be more particularly marked out as doomed victims of the malady,’ and that, consequently, the great want amongst the mass of the sufferers was that of medical attendance, the following appeared in the *Reporter* newspaper :

“ ‘Most horrible — most deadful — are the last accounts from the west of Cork, even to listen to the description given by eye-witnesses of what is passing in that part of our country, and above all, in the two Carberies. A gentleman who has sojourned there, whose duty compelled his stay, assured us, no later than last Sunday, that none of the communications appearing in our journal conveyed an adequate notion of the terrible realities. It is not food the unfortunate people now want most — it is medical attendance; not additional poorhouses, but hospitals they require. A pestilential fever, more mortal and destructive than cholera or plague, is carrying off the poor. All the food, solid or liquid, on earth could not save them without medicinal and sanitary accompaniments of the most extensive, active, and efficient sort. There is not a house from Bantry to Skull, that, with scarce a dozen exceptions, does not contain either the sick, the dying or the dead. The latter lie where they die, or are barely pushed outside the thresholds, and there suffered to dissolve. Their living relatives within the huts are too feeble to remove them further; and the strong, outside, from distant places (and they indeed are few) are afraid to handle unshrouded and uncoffined bodies. Judge of the consequences. The weather begins already to grow warm, and decomposition sets in more rapidly than a month since. Let us state two or three facts which we have on unimpeachable testimony. Our informant is one who, besides being incapable of an untruth, has an interest rather in exposing than encouraging exaggeration. He has told us, that in one locality, where public works are in progress, the laborers were forced to examine a cabin at some distance, in consequence of the noxious and intolerable effluvium issuing from it. They discovered in it five bodies in an advanced stage of putrefaction, the whole of a family who had died none knew when. None of the laborers dared touch the bodies, and to protect themselves while remaining on the work, where they were compelled to earn their bread and chance of life, they pulled down the hovel, heaped timber and thatch over the blackened corpses, applied fire, and kept aloof until the dwelling and the dead were consumed to ashes. Such was the interment. It is our duty to publish these appalling facts. We have authentic information of others just as dreadful, but our flesh creeps at the remembrance.

We must, however, in order if possible to instigate the authorities to adopt proper measures, state one other fact for their consideration. In the neighborhood of Dunmanus Bay three dead bodies were lying for many days, and still, we believe, remain exposed outside the thresholds of three cabins, while within, the families were dead, or dying, or struck down by fever. None of the peasantry, for the world's wealth, would go near the bodies — such is their apprehension of contagious fever; even the Water Guards at a neighboring station dreaded to approach them. There they lay festering in the sun, and breeding pestilence, and there, for aught we know, they still remain, emitting poisonous exhalations, and rendering the recovery of the sick within the cabins altogether hopeless."

"When these accounts, which appeared in the *Times* of the 26th of March, first met the eye of the author of the present work, the idea instantly flashed upon him, that a more noble field on which to test the powers of Homœopathy could not have been presented. He accordingly requested Mr. Heurtley, the Honorary Secretary of the English Homœopathic Association, with which he and that gentleman were then connected, to summon a meeting of the Committee, with the view of proposing that a homœopathic practitioner should be immediately despatched, at the expense of the Association, to the scene of destitution, with instructions for him to proceed at once to Bantry or Skibbereen, or whichever might prove the most infected district, and there to offer his gratuitous aid, without any other limit than that which would be occasioned by the exhaustion of his own physical powers. The proposal was at once hailed by the Committee, and after an attempt at opposition from two persons, whose motives subsequently transpired, and from whom the leading friends of Homœopathy have subsequently disconnected themselves, it was immediately adopted and carried into execution. The party selected for the arduous mission was Mr. Joseph Kidd, an Irishman, but a member of the London College of Surgeons, and this gentleman joyfully undertook its duties without the slightest prospect of remuneration, and in the full consciousness of all the appalling circumstances with which he would be called upon to contend. He

knew that in the midst of the ordinary difficulties of his task he would be assailed by the cries for food of the miserable beings by whom he would be surrounded, that he would have to attend to the sick lying side by side with the dead, that all ordinary requirements would be disregarded, that fresh air, warmth, cleanliness, and every other aid would be wholly wanting, that he could hope for no professional coöperation, and that, in fact, it would have been difficult to have imagined circumstances of greater disadvantage under which his exertions could be carried on. But he had had some years' experience of Homœopathy, and hence he went with undaunted confidence upon what, under other circumstances, would have seemed a hopeless and a most dangerous undertaking."

This very serious step was undertaken by me, not in a spirit of blind enthusiasm, but after the most mature consideration of all the dangers, obstacles, and difficulties which might be expected to oppose our efforts, and in the full confidence that at all times Homœopathy wants nothing but a field in which it may be tested, to prove triumphant.

Nor was my confidence shaken even by the gloomy forebodings and discouraging opposition of a professional colleague, who was at that time a leading member of the Committee of the Association, nor by the petty and vexatious impediments of another professional member, belonging to that "*genus irritabile*" whose love of approbation preponderating over the intellectual faculties, caused them to view an original idea of any other mind, no matter how beautiful and perfect, as if it were unsightly, and to oppose it by every petty shift and hindrance in their power.*

Leaving London on the night of Saturday, April 3rd, with the utmost despatch, the following Tuesday found me in the

* It is deserving of remark, that no sooner had the idea thus opposed led to successful results, than the party last alluded to took immediate occasion to attempt the appropriation of a portion of the credit of the scheme, and to bruit about the share of *éclat* due to him, for his exertions in having urged it on.

city of Cork, and, after making the necessary inquiries, I determined to press forward to some part of the west of the county of Cork, where most disease and destitution were reported to exist. Accordingly, I started for Bandon, where I called upon the rector (the Hon. and Rev. Mr. Bernard,) who very kindly afforded me much information about the state of the country, and recommended me most earnestly to make Bantry the scene of operations, knowing it to be then overflowing with disease, and that, on account of the illness of its chief physician, and the increase of sickness, it was, in a great degree, destitute of medical aid.

Without loss of time, therefore, I went forward, and reached Bantry towards midnight, where the sounds of misery soon came upon our ears from the sobbing crowds of children at the coach windows, as, drenched with rain, they importuned for food. Never was a more pitiable cry raised; and by those upon whom it fell, it can scarcely ever be forgotten.

Bantry is a small town in the west of the county Cork, with a population of about 5000, situated near the bay of that name; and within a few miles of those places, immortalized in the annals of suffering and distress, Skibbereen and Skull. The country surrounding it forms the most picturesque and grand district in the south-west of Ireland.

Immediately after my arrival in Bantry, I called upon the vicar (the Rev. John Murphy,) whose kindness was most liberally extended to me in many ways, during my entire stay, and the example of whose devotion to the relief of his destitute parishioners of all sects became a continual source of encouragement to me in my labors in the same field. This gentleman forthwith invited me to accompany him on one of his daily visits of charity, through the outskirts of the town, and then for the first time did the full reality and extent of the desolation of the people come upon my astonished vision. Up to this period I had only seen, in my rapid passage through the country, a few of the ordinary horrors of the times; and as we visited one

after another, the wretched huts filled to overflowing with disease and misery in the most loathsome and terrible condition to which human nature could be reduced, I found how far even imagination had fallen short of what was really to be witnessed.

For months previously I had read, in common with every body else, the sickening details of the sufferings of those poor people in the English and Irish journals. I had read of them, till the whole thing seemed a mass of exaggeration, drawing the crowding horrors of all other centuries into one hapless period and locality. Even, however, with all this, and the glimpses of misery I had caught since my arrival in Cork, I was totally unprepared for the ghastly sights which encountered us at every step.

In a very short time we saw some hundreds of cases of fever and dysentery lying in the most helpless and destitute condition. In many of the wretched huts, *every inmate lay abandoned to their fate*. Fever and dysentery side by side on the same scanty pile of decomposing straw, or on the cold earthen floor, without food or drink. In a few cases we saw fever patients exposed under the lee of houses or walls, half protected from the inclemencies of that climate (proverbially a moist one) by a few furze bushes. Entering one house, our eyes met the coffins with sliding bottoms,* which it had been found necessary to introduce, and which in this instance were employed to remove two of four victims to fever in one family, having been used for the others a few days previously, leaving two more almost in a lifeless condition in the midst of the same virulent disease.†

I communicated that night with Mr. Heurtley, the Honorary

* Owing to the enormous increase of mortality at Bantry, and several other places it became almost impossible to procure coffins for the dead, which obliged the Relief Committee to have coffins made with movable bottoms. Horses and men were employed to carry the dead in these coffins to the grave-yard, *where they were buried* in large pits, one of which, it is stated, contained nearly 500 bodies, before it was closed in June or July, all of whom had died in the workhouse alone.

† These two were amongst the first cases whose treatment I undertook.

Secretary, apprizing him of what I had witnessed, and stating that very little chance existed of any systematic plan of operation being carried out. It was therefore resolved that I should devote my services promiscuously wherever they might be most needed. Accordingly, each succeeding day found me alone amongst some of the most wretched of those that I had recollected seeing on my first survey, and after much trouble in each case, even in procuring vessels to contain the medicine, and loss of time in cleansing them myself, I was enabled to leave what was most appropriate. Thus did matters go on, gradually increasing the number of cases (every one of which was carefully entered in a note book), till it reached nearly a hundred, before the end of a week.

By degrees the sphere of operations enlarged, till, to visit one half of the entire number under treatment, became a hard day's work, requiring me to be out from ten or eleven o'clock in the morning till five, six, or seven in the afternoon, the greater part of which time was spent in the most intimate contact with fever and dysentery, being frequently obliged to remain nearly half an hour in one single hovel, crowded with poor sufferers, till human nature could hold out no longer, and an instinctive and almost convulsive effort would cause me to escape from the close atmosphere of peat-smoke and fevermiasm to the open air.

At the conclusion of the day's work, with face, hands, and clothes begrimed with smoke and dirt, would I reach home, with the same ordeal to pass through on the morrow, and every day; and yet, notwithstanding such exposure to the most fruitful sources of contagion, I escaped most perfectly, although the only precautions observed were, an hour's walk every morning over the hills of that beautiful country, and moderation in living.

I shall now proceed with the history, description, and treatment of fever and dysentery in Bantry, in so far as it fell under my observation.

The history of fever, as it appeared in Ireland during the spring and summer of 1847, is highly interesting in its medical relations, and also in the very important and instructive lessons of political economy, deducible from the very close connection which it has proved to exist between famine and fever.

A warm controversy has been carried on as to this connection by two very able physicians in Dublin, Dr. Corrigan, of the Whitworth and Hanwick Fever Hospitals, and my friend Dr. H. Kennedy, of the Cork Street Fever Hospital. The former published a pamphlet in 1845,* ascribing the production of fever to the direct agency of famine, strengthening his assertion by many telling facts and coincidences collected from the histories of previous epidemics. This opinion was also very much favored by the epidemic of the next year following immediately on the great famine of that year. Dr. Kennedy, however, in his pamphlet,† published the year after Dr. Corrigan's, giving the matter a more searching and philosophical examination, controverts the position of the former, proving from numerous examples, and from the late visitation, that the amount of famine bore no relation to the amount of fever, that famine often occurred without fever, and *vice versâ*, and that in some cases, famine existed for a long time without fever, and soon after abundance had replaced it that fever then broke out with great virulence. He also pointed out that several epidemics of fever in Ireland were ascribed by their historians to superabundance of food; and the conclusions he arrived at were, that there is a very intimate connection between famine and fever, not as cause and effect, but as effects of one and the same cause, "the epidemic constitution," which, affecting the vegetable world, had caused the destruction of food, and which, in the human family, had produced fever and other epidemic diseases.

*On Famine and Fever, as Cause and Effect in Ireland, with Observations on Hospital Location, and the Dispensation in Out-door Relief of Food and Medicine. By D. J. Corrigan, M. D., M. R. C. S. E.

† Observations on the Connection between Famine and Fever in Ireland and elsewhere. By H. Kennedy, M. B., A. B., T. C. D.

His arguments are, that the epidemic tendency to fever and various other diseases (small-pox, scarlatina, &c.) had commenced before the famine, that these epidemic diseases had in most cases extended into other countries, far removed from the seat of famine ; and that the same influence had also affected the lower animals with peculiar diseases.

Fever became prevalent in Bantry and its neighborhood in the beginning of February, and continued to increase till the end of May, when it commenced to decline, both in frequency and in virulence, the amount in June being considerable, while in July and August a most rapid diminution took place, amounting, indeed, almost to a total disappearance.*

The causes of fever have been generally divided into predisposing and exciting,† the former being those which induce or cause changes in the system (as improper and insufficient food, by lowering the general standard of health, and causing depression of the mind and spirits) that render the individual more susceptible of the disease, when exposed to an exciting cause ; the latter, those which actually induce or engender the disease.

The principal of the predisposing causes may be considered mental and physical depression, the results of improper and insufficient food, over fatigue, or anxiety, sudden changes of temperature, the ordinary change of seasons, and the crowding together of many individuals in close, ill-ventilated rooms,‡ where the light of the sun is entirely or partially excluded.

The principal exciting causes of fever may be enumerated as,

* Fever and dysentery have been again prevalent there this year, but to a slight degree, compared with the previous year.

† Predisposing causes have been also named *internal*, or belonging to the system, that is, that the changes produced in the condition of the solids and fluids of the body and of the *moralé* of the mind by those causes, are the true predisposing causes, and not their direct agency. Exciting causes have also been named *external*, their agency being *direct*, and from without (as contagion to cold and wet.)

‡ In some instances this would seem to become a direct or exciting cause, as in that of "the black hole" at Calcutta, where the fever attacked every one of the survivors *directly* ; also in the sudden crowding on board emigrant and convict ships, in gaols, &c.

contagion (by contact or communication with others previously affected) emanations from animal or vegetable matter in a state of decomposition, and exposure to cold or wet.

These causes (both predisposing and exciting) operate with different force and in different proportion in different epidemics, the most powerful in one being often absent in another ; as an invariable rule, the more of them in operation, and the longer the time of that operation, the greater probability that fever will follow. In the epidemic which constitutes the immediate object of the present Essay, few will deny that famine, with its long train of secondary consequences, was the most powerful and constant of the *predisposing* causes, while of the exciting causes, the most active were contagion, and exposure to cold and wet.

In the condition of the people at Bantry, and places similarly afflicted, every circumstance favorable to the development of fever could be observed ; in the crowding together* of numbers of debilitated individuals in the lowest state of mental and physical depression, in most cases existing upon one small meal (containing from six to eight ounces of solid nourishment) each day, for which they were obliged to remain in a state of semi-nakedness,† exposed under the open air in a dense crowd surrounding the soup kitchen (where many scarcely recovered from fever were forced to come) for eight, ten, or twelve hours,‡

* Owing to the numbers of poor people obliged to desert their dwellings in the country parts (where starvation threatened), to seek refuge in the town, all the huts became filled to suffocation with occupants, (three, four, or five families occasionally living in one house or room,) in which fever was sure to break out, of a most dangerous and fatal character.

† Early in the course of the distress, there was a universal rush amongst the people to pledge and dispose of their clothes to procure food, insomuch that every pawnbroking establishment in that entire country became suddenly filled, so that their capital being expended, they were ultimately obliged to remain idle or closed for many months ; necessarily the sufferings of the poor from the loss of their clothes, when the severe weather appeared, were incalculable.

‡ Often have I seen a large portion of the crowd unserved with their scanty pittance at ten, eleven, or even twelve o'clock at night, occasionally obliged to leave without it till the next day ; it was a matter of perfect certainty, that most of those remaining even to that time had not tasted food of any sort since the corresponding hour the day (or night) previously.

owing to the difficulty and delay in preparing cooked food for so many thousands.

The most prevailing type of fever in Bantry was continued fever; there was also a good deal of typhus with extreme nervous depression and debility; also some cases of inflammatory typhus with furious delirium, raving, and other evidences of cerebral implication.

Continued fever generally commenced (in most cases after exposure to contagion) with languor, muscular exhaustion, and mental depression with headache; after a few days becoming more thoroughly developed, with increase in frequency of pulse, (although the strength and volume were very deficient) dryness and heat of skin, heaviness and dull aching pain over the frontal region in the eyes and eyelids, constant thirst with dryness of mouth, white, brownish, or yellow coating of the tongue, loss of appetite, nausea, vomiting, with painful sensibility of the epigastrium, constipation, urine in general very little changed in quality, rather deeper in color, but without deposit, and scanty.

In many cases chest symptoms appeared, with cough of various characters, either dry and hard, with thick whitish phlegm, difficult of expulsion, with or without pricking pains in chest on coughing, or full and shaking, with copious, thick, yellowish-white expectoration. In some cases the cough was attended with obstruction of breathing, and thick, tenacious, muco-sanguineous expectoration, and dull or acute pains in the chest.

Almost invariably, in the early stages of this variety of fever appeared aching or shooting pains in the extremities (mostly in the lower,) aggravated by movement, and attended with tenderness and pain in the muscular portion of the limbs; the sleep was generally disturbed at night, either by the teasing cough setting in towards midnight, or by general anxiety and restlessness.

The first symptom of amendment was generally seen in diminution of the frequency of pulse, gradually followed by amelioration of the pains in the head and limbs, in the cleaning of

the tongue around its edges, returning appetite, softness and coolness of skin, and sleep, till convalescence became established (about the sixteenth to twentieth day.)

The medicines used by me in the treatment of this class of fever cases were *Aconite*, *Bryonia*, and *Belladonna*. In many cases, towards the middle and latter stages, it was found necessary to administer *Nux vomica*; in some cases, also, *Rhus toxicodendron* was resorted to. Several other medicines were used in isolated cases, and against particular symptoms.

The approach and progress of typhus differed very much from continued fever; from the very commencement the heat of skin and acceleration of pulse being very inconsiderable, and in the middle and latter stages being almost invariably below the natural standard. For two or three days the patient would labor under lassitude and languor, with loss of appetite and of sleep, the tongue being generally the first index of the probable mischief in store. About the fourth or fifth day, the disease being generally well marked, with a very slight heat of skin which felt soft and clammy, being covered with moisture, (not like the ordinary feel of a perspiring skin, but as if the skin were damped, and by some contrivance all evaporation prevented) the pulse very little, if at all altered, except in strength, which even at this period would be somewhat deficient; the tongue presented a most characteristic appearance, in general dry, hard, and glazed, like brown leather, or deeply covered with brown or blackish fur. In some cases it appeared soft, moist, and tremulous, covered with a perfect and uniform layer of pure white paste or mucus, (this in general omened a very severe and dangerous form of the disease,) the gums and teeth became covered with brownish incrustations, thirst being incessant and insatiable, with nausea and vomiting; in many cases abdominal symptoms, as tension and tympanitic resonance of abdominal wells, with tenderness and shooting pain over either iliac region (in general the right); bowels seldom costive, in general relaxed, with or without pain; urine in a few cases suppressed, in most unchanged; head in general implicated, in

most from the beginning, with aching and heaviness at the forehead, throbbing at the temples, vertigo, sense of emptiness and bewilderment; delirium, mostly at night, with low muttering, or with stupid, heavy insensibility, and incoherence of speech.* The eyes appeared dull, inanimate, and listless, with the head instinctively turned from the light. In a few cases, towards their termination, a peculiar sort of stolid deafness supervened, which gradually disappeared as convalescence advanced.

Almost invariably, the lower extremities were complained of as being dead and numbed, rendering the least motion impossible (but without any actual pain,) the feet and legs feeling cold and damp.

General debility and prostration set in early in the disease, and proved the most obstinate of the symptoms.

In most cases sleep was disturbed or absent for many days and nights, with general restlessness, frequently caused by teasing cough, most usually coming on about midnight. In a few cases the cough was attended with obstruction of breathing, and sharp or dull pains in the chest, or with abundant mucous expectoration, which the patient had much difficulty in expelling.

The first symptoms of improvement generally appeared about the fourteenth or fifteenth day, in the condition of the tongue, the dry glazed appearance becoming interspersed with patches of moist redness, and the uniform white paste-like layer breaking off in flakes, exposing the natural pale-red appearance of the tongue below. Gradually sleep visited the sufferer, appetite returned, and convalescence ensued with tolerable rapidity, and was very well established in fifteen days after the improvement commenced.

The medicines chiefly used in typhus were *Rhus tox.*, *Bryonia*, *Arsenicum*, and *Phosphorus*; *Aconite* being seldom employed except in a few cases where the treatment commenced very early, or where heat and dryness of skin existed for a few days.

* Where consciousness existed in this period, there was great mental anxiety and depression, with restlessness and want of sleep.

In most cases it was not found necessary at any period of the disease, the sphere of operation and utility of *Aconite* in typhus being very small, compared with that in continued fever.

The medicines upon which most reliance were placed, and which proved most successful, were the four already enumerated, although some others were used in a few cases.

The convalescence of the fever patients was most satisfactory, indeed, too rapid in most of the cases of continued fever, as the poor sufferers, finding their strength to be so quickly restored, were apt to make too free with the cold air, and to partake largely of indigestible food, (Indian meal, in hard cakes or in porridge, even rice in many cases proving too indigestible,) the result of which was, that nearly one sixth of all the cases of continued fever suffered a relapse* to a fever of far worse character, although of shorter duration than the original. This generally occurred about the second or third day after all traces of the original fever had disappeared, and in most instances the one single cause (improper food) could be traced, which the first glance at its symptoms immediately confirmed. In a few, exposure to cold in the open air, or to draughts of cold air in their houses, proved the exciting cause.

Every possible effort was made to guard against this disagreeable consequence, by restraining the patients to bed, or to the room, as long as a symptom of fever remained, and by giving careful directions as to diet, also by explaining the dangerous nature of the relapse fever; but in many cases (as might naturally have been expected) without avail, as convalescents after fever generally feel a very sharp appetite for the first few weeks, to restrain which would have required more philosophy and reasoning powers than those wretched creatures could be supposed to have possessed, particularly at such a time, with the dread of actual starvation impending over them.

The food found to agree best with convalescents was rice,

*The same unusually great liability to relapse had been previously noticed in several epidemics of *fever following famine* in Ireland.

boiled in water, or milk (rarely); in some cases white bread and milk, boiled or not. These, however, were obtainable in a very small number of instances.* With few exceptions, therefore, the cases I had dealt with were again taken under the treatment. In the detailed results, however, which will be found in the Appendix, these are not entered as fresh cases, and the double cure, therefore, is merely recorded as a single one.

The symptoms of the relapse fever were in general throbbing, shooting pains in the forehead and at the top of the head, with vertigo, flushing of face, expressive of intense anxiety, restlessness, and despair of recovery, the eyes looking dull and inanimate, with quivering of the eyelids, the tongue presenting one almost unvarying character, being soft, moist, tremulous, and covered with a dense layer of whitish fur or paste, nausea, sickness, and vomiting, frequently to a most distressing extent, with soreness at the epigastrium, aggravated by food, drink or pressure, bowels generally relaxed, with griping pains, or constipated, skin burning hot and moist, pulse rather accelerated, but weak or irregular, constant agitation and restlessness, with loss of sleep. The usual duration of the relapse fever was from four to eight days, when the nausea and pain at the epigastrium diminished, and the tongue became clean, with gradual disappearance of the other symptoms.

Nux vomica was found to be the most certain and useful medicine in these cases, (sometimes preceded by a few doses of

* Towards the close of my labors in Bantry, the humane exertions of Mr. Sampson enabled me to obviate this melancholy want, the Committee of the "British Association for the Relief of the Destitute in Ireland," having through his representations placed a quantity of rice at my disposal. His Grace the Archbishop of Dublin at the same time transmitted me, through the same channel, a donation of £10, and Mr. Samuel Jones Loyd a like amount. I also received £2, from Richard Beamish, Esq., F. R. S., the whole being for the relief of the destitute convalescents. This enabled me, as my professional exertions were coming to a conclusion, to provide with rice, bread and milk, and fuel, many hundreds, partly those who had recovered under my own care, and every one else that seemed in the same condition after sickness, that I could make out, that otherwise might have perished from imperfect convalescence, diarrhœa, and want.

Aconite,) under its action the tongue becoming rapidly clean, the skin cool, and the headache disappearing, so that in a few days the patient was again in a fair way towards recovery, but with an increased degree of weakness. It was generally administered every few hours, in solution in water (the tincture,) the intervals being gradually lengthened to twelve or twenty-four hours. *Bryonia* and *Arsenicum* were also used.

Two or three cases suffered a second relapse, and were again treated with success. There were instances even of a third relapse.

Relapse followed typhus much less frequently, in proportion to the number of cases, than continued fever, which happy immunity was principally owing to the return of strength being more gradual, and the appetite not being so soon restored, which rendered the convalescents more careful in taking food, and in going into the open air.

Where relapse did follow typhus, it approached more closely in character to the original fever than did the relapse of continued fever to its original type, and, as might have been expected, with an increased degree of debility and exhaustion, which rendered it more dangerous and fatal than ordinary typhus; one of the two deaths from fever being in relapse after typhus (the second was in a case of continued fever, with pleuro-pneumonia.)

As health became restored to the convalescents, and as they reverted to their old mode of diet, diarrhœa frequently followed, particularly after typhus, or where much debility had previously existed; it was most usual in old persons, or in young from about the ages of six to sixteen years. From the utter impossibility of removing the exciting cause in most cases, it generally proved a tedious and distressing complaint; at one time being almost cured, but again breaking out, as the cause came into more active operation.

The medicines used were — *Arsenicum* in the commencement, and *Rhus*, *China*, *Secale*, &c., in the latter stage.

As another of the sequelæ of fever, dropsical effusion into the cellular tissue occurred most frequently after typhus, and often to a very great extent. It usually appeared the first week after the convalescence had been established. *Phosphorus*, *Bryonia*, *Rhus*, and *China*, were the medicines generally used.

DYSENTERY. — The principal cause of this disease may be clearly traced to the abrupt change which took place in the dietary of the people, from potatoes and milk, and occasionally fish and meat, to the almost unvaried use of Indian meal, owing to the extravagant prices of the other farinaceous articles of food, (flour, oatmeal, &c.,) and to the scarcity of milk, from the fatality amongst cattle during the winter. That Indian meal is a nutritious article of food, is undeniable (particularly well fitted for those at active labor,) but it is equally undeniable, that it was the cause of much suffering and sickness, which may in a great degree be ascribed to its improper preparation, the grain being very coarsely ground, with the bran generally unseparated (which is far more irritating than the bran of wheaten flour,) and the meal thus obtained, used, either boiled in water, or made into hard, flat cakes, in either mode alike indigestible.

The distribution of food from the Relief Committee, in the shape of porridge (made of various kinds of meal boiled in water, with salt, spices, and a faint trace of salt meat,) also helped to produce and keep up dysentery.

The actual change of diet must also be considered as a powerful cause, for in previous years the supply of potatoes generally fell short, in most parts of Ireland, during June and July, when oatmeal became the ordinary article of diet amongst the poor, at which time every dispensary physician in the country districts had an unusual amount of cases of gastric affections applying for treatment. These causes combined, the change to a diet of indigestible, badly-cooked food, insufficient in quantity, with a general state of mental and physical depression, may be considered as the origin of dysentery.

In order to study its nature and symptoms with more accuracy and satisfaction, three sub-divisions or groups may be distinguished and called, 1st, the acute dysentery; 2nd, the ordinary form as it attacked adults; and 3rd, as it appeared in children; this division not being merely artificial, but the natural arrangement which suggested itself to my mind at the time, and which was constantly acted upon in practice.

1. The symptoms of the first group generally came on suddenly, preceded by constipation for a few days, with excruciating pains all over the abdomen; expression of intense anguish and anxiety on the countenance, with rapid exhaustion; and general symptoms of the most severe kind. Its progress was very rapid, and frequently towards a fatal termination.

The medicines used in this variety were *Nux vomica* and *mercurius*, which were generally administered in the commencement in frequently-repeated doses (half-hour or hour,) either singly or in alternation, preceded or not by *Aconite*, according to the urgency and rapidity of the case. In the most urgent cases, *Arsenicum* and *Veratrum* were used with marked success where *Nux vomica* and *Mercurius* had been tried for a short time with little relief.

2. The ordinary form of dysentery, as it attacked adults, generally commenced with loss of appetite, nausea, and looseness of the bowels, which gradually increased, till in the course of four or five days all the urgent symptoms of dysentery became developed.

It was in this class of cases that the effects of *Merc. corrosivus* and *Nux v.* were best seen, giving singly, in succession, or alternately (according to each particular case,) at intervals varying from two to six or eight hours. It was seldom found necessary to give *Aconite*, as the condition of the patient was rather the reverse of inflammatory, as indicated by slow and weak pulse, loss of strength, &c. *Arsen.* or *Veratrum*, *Rhus*, and *China* were also used in particular instances.

Anasarca in the limbs or trunk occasionally accompanied

and followed dysentery in adults, and continued for some weeks after the healthy action in the intestines had been restored. The remedies used in it were almost the same as those previously described in the treatment of dropsy following fever.

Dysentery, as it appeared in children from the ages of one year to twelve or fourteen, differed in many respects from the same disease in adults, being more difficult of cure, and the symptoms peculiarly characteristic and more severe. Some of the principal points of difference were in the character of pain, in the enormous increase in development of the abdomen, the voracious appetite, the extreme degree of emaciation which ensued in most cases, the rare occurrence of anasarca, the higher ratio of mortality, and the predominance of symptoms at night.

The medicines found most useful in this class of cases were *Arsen.*, *Veratrum*, *Nux v.*, *Merc.*, *Rhus*, *Sulphur*, *China*, *Secale*.

Towards the middle of June, the treatment of nearly two hundred cases having terminated, it was considered proper to bring my labors at Bantry to a close, sufficient time having elapsed to afford the system a full and complete trial, the amount of disease in the place also becoming rapidly diminished, and a new mode of relief being established in the erection of sheds for the reception of those suffering from fever and dysentery, with additional medical attendance, &c., under the provisions of the new Poor Relief Act, passed by Parliament a short time previously.

The duration of my stay in Bantry extended from the 9th of April to 15th June, a period of 67 days, or nearly ten weeks, during which the total number of cases treated was —

Fever*	. . . . .	111
Dysentery †	. . . . .	81
		<hr/>
		192

* Twenty-four being cases of typhus, and eighty-seven continued fever.

† Of these eighty-one patients, forty-eight were from the ages of 1 to 16 years; twenty-three from 16 to 50; and ten from 50 to 70. Of the forty-eight young persons, 4 died; of the twenty-three adults, 3; and of the ten old people, 4: which shows the mortality to have been by far the highest amongst old people.

Fever : — Cases cured	108
Dismissed	1
Died	2
	<hr/>
	111

Dysentery : — Cases cured	59
Much improved	9
Dismissed	2
Died	11
	<hr/>
	81

These results show a mortality of $1\frac{4}{5}$ per cent. in fever, and of 14 per cent. in dysentery.

Those cases were *all taken indiscriminately*, as with the most perfect truth it can be said that no case was refused by me that came within a reasonable distance of my usual rounds, and that was without other medical attendance, regardless even of the most desperate cases, many of which were undertaken without a shadow of hope, in accordance with my fixed determination to take all cases, without reserve or selection.

The results above quoted consist of a series of reports drawn out from time to time for the Committee of the Association, and ultimately completed to stand by themselves, in ignorance at that time of the results of the treatment of the same diseases in the Bantry Union Hospital, which at my request were afterwards kindly forwarded to me by Doctor Tuckey, its physician, who copied the table, on next page, from the books.

Owing to the confusion consequent upon the illness of one of the physicians of the hospital, the results for April could not be obtained, so that we can only compare the results of homœopathic treatment during April, May, and the first half of June, with May, June, and July of the Bantry hospital.

It is notorious that the months of April and May were the worst months of that year for fever, and March, April, and May, for dysentery, both in Bantry and all other parts of the county Cork (the mortality being then higher, and the amount greater.) As we are thus precluded from a comparison with

the results of precisely corresponding times, we are obliged to contrast our period, the greater part of which was at the worst time of those diseases, with the period of the hospital results, the greater part of which corresponded with the improving time of the same diseases.

	INFIRMARY.			FEVER HOSPITAL.		
	Dysentery and Dys- enteric Diarrhœa.	Other Dis- eases.	Total.	Fever.	Other Dis- eases.	Total.
MAY.						
In hospital on the 1st . . .	50	28	78	40	25	65
Admitted during month . .	97	20	117	69	60	129
Total treated during month .	147	48	195	109	85	194
Died.	52	9	61	8	26	34
JUNE.						
In hospital on the 1st . . .	42	21	63	31	26	57
Admitted during month . .	90	30	120	112	35	147
Total treated during month .	132	51	183	143	61	204
Died	25	6	31	16	15	31
JULY.						
In hospital on the 1st . . .	40	14	54	30	13	43
Admitted during month . .	50	20	70	46	15	61
Total treated during month .	90	34	124	76	28	104
Died	13	2	15	11	5	16
AUGUST.						
In hospital on the 1st . . .	37	18	55	13	6	19

Even if we take this comparison as one on equal grounds, we find the total number of cases of dysentery admitted during those three months to have been 237, to which, adding 13, the difference between the number in the infirmary at the commencement, and the number at the close of the period, we have an aggregate of 250. Out of this aggregate, the deaths amount to 90, being a mortality of 36 per-cent., whilst the mortality under the homœopathic treatment was only 14 per-cent. Again, the number of completed cases of fever in that period in the hospital, was 254; of these 35 died, showing a

mortality of $13\frac{4}{5}$ per cent.; the mortality under homœopathic treatment being $1\frac{4}{5}$ in the same disease.

That those under homœopathic treatment, circumstanced as they were in general without proper food or drink, should have succeeded as well as the inmates of the hospital of the same town (taken precisely from the same class of people,) with the advantages of proper ventilation, attendance, nourishment, &c., would have been most gratifying; but that the rate of mortality under the homœopathic system should have been so decidedly in favor of our grand principle, is a circumstance, it may be hoped, which can scarcely fail to attract the attention even of the most skeptical.

We gladly avail ourselves of an opportunity of forming another very striking and interesting comparison on this subject.

An anonymous contributor in the number of the *Medico-Chirurgical Review* for April of this year, writing on the subject of the epidemic fever in Ireland and elsewhere, has given the following statistics of his own treatment of that disease, assisted by a colleague, in an hospital of which he had the chief management, which hospital is presumed, from his details, to have been in Liverpool or Manchester. It was established, he says, for the reception principally of emigrants from Ireland to this country during that spring and summer, and of others to whom the same epidemic fever had extended, as he shows, by contagion and contact with the Irish portion of the population.

Total number of cases of fever admitted into his hospital:—

	Cases.	Deaths.	Proportion of Deaths.
Under 15 . . .	686	59	1 in $11\frac{2}{3}$
15 to 30 . . .	1121	79	1 in $14\frac{1}{4}$
30 to 50 . . .	683	104	1 in $6\frac{1}{2}$
Above 50 . . .	172	45	1 in $3\frac{2}{3}$
	<hr/> 2662	<hr/> 287	<hr/> 1 in $9\frac{2}{3}$

A comparison of the rate of mortality in fever under homœo-

pathic treatment, with those results, is very interesting, as being a complete answer to those who attempt to decry Homœopathy as a system of “do-nothing expectant medicine.” This gentleman tells us, that his treatment (custom?) was almost universally to abstain from all interference, and to remain passively watching the cases, ordering them free ventilation, cleanliness and confinement to bed; simple diluents, water, or milk and water, being given as drinks (having found, he says, a simple saline, given purely as a “placebo” in a few cases, to do harm.) But although he congratulates himself upon the success attendant upon thus allowing the cases to take their natural course, undisturbed by medicine, except where lesions of particular organs seemed to render it imperative, we are compelled, when we look upon the rate of mortality — upwards of 10 per cent. — to acknowledge its great height, when compared with that under homœopathic treatment.

Were Homœopathy a system of “expectant medicine,” it might have fared about as well as this gentleman’s practice;* but the contrast between 10 per cent. and $1\frac{3}{4}$ per cent. affords another brilliant example that homœopathic treatment, not disturbing the natural process at work in the occult phenomena of disease, still exerts a distinct and specific curative action, thereby shortening its duration and increasing the prospects of recovery.

If additional proof be required it may be found in the testimony of those who had most opportunity of judging of the

*The mortality under his mode of practice was actually less than that in the Bantry Hospital (as 10 to 14 per cent.) where the ordinary remedies of the old school were employed. Hence the plain inference, that those remedies are positively injurious and should not be used; which inference extends far beyond fever, for the same result followed from a comparison of the rate of mortality in various acute diseases treated in Vienna by Dr. Skoda, Physician of the General Hospital (allœopathic) in that city, (by giving hay water as a “placebo,” and allowing the disease to follow its natural course,) with the mortality under the ordinary remedies of the old school by his colleagues in the same hospital, and with the results of homœopathic treatment in the same diseases by Dr. Fleischmann, of the Vienna Homœopathic Hospital, in which comparison the mortality under the “expectant system” was less than under the old school remedies, but much greater than under homœopathic treatment.

efficacy of the treatment, namely, the resident clergymen of both persuasions, and of the gentry of the county forming the Poor Relief Committee. To myself, individually, the most gratifying circumstance connected with this Irish Mission is in the delightful assurance that the grateful remembrance of many of the poor sufferers still holds, and that, in the words of a correspondent intimately acquainted with the poor of that neighborhood, writing many months afterwards from Bantry, they “yet continue to bless the means and the instrument which proved so useful to them in the time of their melancholy need and suffering.”

INTELLIGENCE.

[From the Southwestern Homœopathic Journal.]

THE REV. DR. LATTA VERSUS HOMŒOPATHY.

MANY of our readers may not be aware that there is in Cincinnati, Ohio, a Rev. gentleman, who is an allœopathic doctor of great zeal. This Rev. Doctor edits a paper called the Methodist Expositor; and in that paper accused two homœopathic physicians of making false statements to the public about their cholera cases; and likewise accused them of using allœopathic remedies. A Homœopathic Society, of Cincinnati, composed entirely of citizens, appointed a Committee to inquire into these charges and report to the Society for the benefit of the public. The report was made, and we extract the following from it:—

The Committee have no doubt but Doctor Latta sincerely believed that his report of the “*nine cases*” was true, and that his report, as published, was made in accordance with reports of respectable and responsible individuals, who also believed what they reported *to be true*; and the Committee presume that Doctor Latta will promptly correct what he finds to be incorrect in his published statement on this subject. His error consisted in giving too ready heed to those *rumors* which are always rife in times of terror and alarm, like that

through which this community has recently passed ; but which are *seldom correct*, and are *often* totally *unfounded*.

The Committee think that, upon reflection and further inquiry the Doctor, and those gentlemen who reported to him these nine cases for publication, will be satisfied that the golden rule would have required of them a more careful scrutiny into the truth of the rumors upon which that part of the article in the *Expositor*, relating to the nine cases, was founded, before giving the sanction of their names and influence to statements bearing so materially upon the reputation and happiness of the men against whom the statements were aimed : and that Doctor Latta would, himself, desire that rumors prejudicial to his own practice *as a physician*, or to his veracity *as a man*, should be examined carefully, and with charity, if not with some grains of allowance for human infirmity, before being made the subject of an attack in a popular and influential newspaper.

It is further charged, that the homœopathic physicians profess to have been practising "homœopathy for the cure of cholera and other diseases, when in fact, according to their own showing, they have adopted allœopathic treatment universally."

The undersigned are not disposed to question the sincerity of this charge, although they have not been able to find any proof of its truth, either in the report of Drs. Pulte and Ehrmann, or elsewhere. They are aware, however, that the charge is credited by some intelligent persons, and is regarded as a matter of importance. It is therefore entitled to their consideration.

The first question is, whether *Camphor*, and the other remedies used in cholera, as stated in the report of Drs. P. and E., are *homœopathic* remedies in that disease ; that is to say, *whether these remedies, administered in large doses to persons in health, would produce symptoms similar to those of cholera in the several stages of it, for which they are respectively administered ?* This is a simple question of fact, to be decided by recorded trials of the medicines on healthy persons. The most direct and complete sources of evidence on the subject, are Hahnemann's "*Materia Medica Pura*," and his work on "*Chronic Diseases*," and "*Jahr's Manual*," (homœopathic works,) in which are registered the actual provings of each

drug, carefully made, under the most favorable circumstances, upon men who were in health.

Allœopathic writers have no occasion, nor has it been their custom, to prove their drugs on the healthy. In cases of poisoning only, do they learn the primary effects of medicines. Their observations are mainly confined to sickness. Their works, therefore, furnish but an imperfect record, or description, of the symptoms produced on the healthy person by any medicine.

But your Committee have thought it due to the opponents of Homœopathy, to look into their books, that, if they have given any testimony on the subject, that testimony may not be lost. The first medicine to be tried is *Camphor*. The "United States Dispensatory," a standard work in Allœopathy, which has gone through eight editions, and the authority of which will not be disputed by any regular physician, gives the following account of the medical properties and uses of *Camphor*. "In large doses, it displays a more decided action on the brain, producing more or less *giddiness* and mental confusion, with a disposition to sleep." "In immoderate doses it occasions *nausea, vomiting, anxiety, faintness, vertigo, delirium, insensibility, coma, and convulsions, which may end in death.*" "*U. S. Dispensatory,*" p. 157, 8th ed.

"If to the above symptoms, be added what the patient provings of Homœopathy have long since established, namely, "*involuntary diarrhœa,*" and *coldness of the extremities,* we have a vivid picture of cholera itself, in its first and second stages. These symptoms of *Camphor*, beside many others of a similar character, are also recorded in the Homœopathic works, and are sustained by a cloud of intelligent witnesses. The assertion, therefore, of the learned Doctor, that "no one, he was sure, would assume that *Camphor* was emetic, or cathartic," was not well considered.*

The medicine mentioned next in order to *Camphor*, by Drs. P. and E., and which usually follows *Camphor*, or is used alternately

* The following extract is taken from the last No., (Sept. 1849,) of a respectable medical, (allœopathic,) journal of this city, the *Western Lancet*, edited by Drs. L. M. Lawson and J. P. Harrison, Professors in the Medical College of Ohio. Our object in introducing it, is to show that gentlemen of high standing in the medical profession, entertain the same opinion on this subject as that expressed by Dr. Latta, namely, that the use of *Camphor* by our Homœopathists in cholera, is a complete abandonment of the homœopathic doctrine. It will also be seen from this extract, that

before and after it, in their treatment of cholera, but which is still more relied upon in the second stage of the disease, is *Veratrum album*, or *White Hellebore*.

In the "United States Dispensatory" this plant is described as "*a violent emetic and cathartic, capable of producing dangerous and fatal effects, where incautiously administered. Even in small doses, it has sometimes occasioned severe vomiting, hypercatharsis, (excessive purging,) with bloody stools, and alarming symptoms of general prostration.*" "*U. S. Dispensatory,*" p. 733. Such is the allœopathic account of *Veratrum*. As we might expect, however, the more careful trials of Homœopathy, revealing the minutest, as well as the most distinguished, symptoms of *Veratrum*, have shown a correspondence between those symptoms and the vomiting, purging, cramps, and prostration of the Asiatic cholera, which is truly wonderful. *Veratrum*, therefore, throughout the homœopathic world is the leading specific for this epidemic.

Next in order, is *Cuprum*, or *Copper* — an important remedy — and used by Drs. P. and E., in the second stage of the disease. The allœopathic authorities say of this substance, that "*its combinations, when taken in poisonous doses, produce nausea and vomiting; violent pain in the stomach and bowels; frequent black and bloody stools; small, irregular, sharp and frequent pulse; faintings; burning thirst; difficulty of breathing; cold sweats; paucity of urine; violent headache; cramps, convulsions, and finally death.*" — "*U. S. Dispensatory,*" p. 289.

the writer does not understand the great homœopathic doctrine of *similia similibus curantur*. This is sufficiently plain from his own explanation of it.

"HOMŒOPATHISTS DESERTING THEIR OWN SYSTEM. — The remedy principally relied upon by Homœopathists in the treatment of cholera, appears to be *Camphor*, or — to adopt a more spiritualized technicality — *Camphora*. Now *Camphor*, in all of its forms, and in various doses, has been employed by the regular profession, but strange to say without any of those marvellous results ascribed to it by Homœopathists. But the mystery is, how can *Camphor*, upon homœopathic principles, cure cholera! It is well known that one of the fundamental principles announced by Hahnemann is, that a remedy must be capable of *causing* the same *disease* that it is intended to *cure*. This is the principle of *similia similibus curantur* — or like cures like — the true homœopathic doctrine. Now every one will be able to perceive that *Camphor* could not possibly *cause* cholera, and yet it is announced as a remedy for that disease. This is an obvious abandonment of one of their main principles."

Imperfect as is this description of the symptoms produced by this drug, it is, nevertheless, sufficient to show that *Copper* is the very last remedy which Allœopathy would use in cholera. But the patient provings of Hahnemann and others, have shown a correspondence between the symptoms of this drug and those of cholera, far more complete, if not more striking, than is to be found in the "United States Dispensatory." The detailed symptoms, however, as found in Hahnemann's works, or in Jahr, are too voluminous to be recited in any report of tolerable length.

Secale cornutum, or *Ergot*, is also a remedy mentioned in the report of Drs. P. and E., as sometimes used by them. The allœopathic description of the effects of this substance upon the healthy person is very slight. It has not come to their observation as a deadly poison, like *Hellebore* and *Copper*. But it is said by them that "Death from single doses, in inferior animals is preceded by symptoms indicating *irritation of the stomach and bowels, great muscular prostration, loss of sensation, and sometimes slight spasms.*"—"U. S. Dispensatory," p. 314.

Of the symptoms of *Vegetable Charcoal*, which is one of the most important homœopathic remedies in the collapsed stage of cholera, we find no account in the Dispensatory, as this substance has not figured as a poison. But its provings upon healthy persons have shown to the *homœopathic physician*, that the symptoms of no other medicine correspond more nearly to the collapsed state than do those of *Vegetable Charcoal*; and, hence, when properly prepared, it is generally preferred to other remedies for that stage of the disease.

But *Arsenic*, which is recommended as scarcely second to any of the preceding remedies, in both the second and third stages of cholera, is known to the allœopathic books, from its frequent use and effect, as a poison. We may, therefore, look again into the Dispensatory for symptoms on the healthy person. And here we find the symptoms more numerous than we have room to detail. Among them are, *nausea; anxiety; frequent sinkings; burning pain at the præcordia; irritable stomach, so as not to be able to support the blandest drinks; palpitation; syncope; insatiable thirst; burning heat over the whole body, or a sensation of icy coldness;*

difficult respiration ; cold sweats ; change in countenance ; prostration of the strength ; loss of feeling, especially in the feet and hands ; delirium ; convulsions ; " &c. &c. The provings of Hahnemann and his followers confirm most of these symptoms ; although these provings being made with infinite care, for scientific purposes, have resulted in a much more complete history of all the symptoms of this powerful drug.

Such are the symptoms produced on the healthy person by the several remedies used by Homœopathy in cholera.

What, then, are the symptoms of genuine cholera ? Although it would seem unnecessary to detail them in a community where the disease has been so recently witnessed in every form, yet, even at some risk of fatiguing the audience, the Committee will give a statement of these symptoms, as found in an elaborate " report on spasmodic cholera, prepared by a Committee under the direction of the Counsellors of the Massachusetts Medical Society," pages 11 and 12, published at Boston early in the year 1832. This is an allœopathic work of the very highest authority, and of great merit.

Among the symptoms of Asiatic cholera there given, are, first, vomiting and purging, in which the ordinary contents of the alimentary canal are very rapidly evacuated. Then ensue copious rice-water discharges from both the stomach and bowels. The evacuations are preceded and accompanied by remarkable constitutional affections, general feelings of indisposition, change of countenance easily recognized by the experienced physician, when the patient is scarcely aware of his own change. Partial deafness, with some giddiness, or even actual *vertigo*. A sense of anxiety, despondency, and often a sullen despair. Immediately after the first evacuation, and sometimes before any, a sudden prostration of strength ensues. Extreme coldness, with a remarkable shrinking of the whole body ; pulse gradually sinks until it can no longer be felt at the wrist. The sense of faintness and of exhaustion of the stomach is extreme. Cramps ensue in the limbs, and subsequently in the trunk. Anguish, connected with that sudden failure in the functions of the heart, which constitutes an important and characteristic part of the cholera. Inward sense of heat, accompanied with unconquerable thirst. Secretion of urine fails, while there exudes a clammy, cold sweat.

We have now presented, on the one hand, the symptoms of the medicine claimed to be *homœopathic* to cholera ; and, on the other, those of the disease itself. A more striking correspondence between the one and the other could not well be imagined. Whatever, therefore, may be said of the *efficacy* of these remedies in cholera, the undersigned consider it *proved beyond any fair controversy, that they are truly and strikingly homœopathic, and come strictly within the rule, " Similia similibus curantur."*

A REPORT, READ BEFORE THE HOMŒOPATHIC ASSOCIATION OF
CINCINNATI, OCTOBER 2, 1849.

THE cholera, raging in this country during the last year brought, as it did some years ago in Europe, Homœopathy to a great test. Thanks to the able and successful efforts of homœopathic physicians in the various places, visited by the epidemic, and thanks to the enlightened mind and the quick perception of the North American people, it has gone triumphantly through the trial and is now appreciated as it deserves, by many new adherents. In Europe, where without the favor of the "paternal" governments nothing new, be it ever so good, can be easily introduced into public use, the struggles of homœopathic physicians with their opponents were severe and of little avail, so long as they had no endorsement for their new system, "from higher parts." But there are no such difficulties to be overcome here. Blind reverence for that, which has been and is, an Alpine mountain in Europe, overshadowing with romantic but sterile obscurity the surrounding valleys and plains, has dwindled in this republic to a mere rock, hardly visible over the level of the sea of progress and public opinion. We feel therefore encouraged, and are sure, that, whatever there is true in any new science or effective in its application, will soon fight its way in this country to the full acknowledgment of the public. Still, it is impossible to avoid all collision with the prejudiced and the malevolent, and as no victory can be won without a battle, so will what is true appear better and be more confirmed in the mind of the people after having been publicly discussed. A free public

press, though one of the greatest blessings to a country with a liberal government, is necessarily attended with some inconveniences, such as the frequently occurring misrepresentations (intentional or mistaken) of facts, and the advantage taken of the ignorance of the public in regard to scientific matters.

The truth of this is well illustrated by the above-mentioned "*Report of the Homœopathic Association of Cincinnati*," which was sent to us by one of the gentlemen of the Committee, who made the report, and for which we return our thanks.

The first sentence of the report explains its purpose and occasion.

"The undersigned, who were appointed a committee "to inquire into the complaints of the editor of the *Methodist Expositor*," against the report by Drs. Pulte and Ehrmann, of their practice in the late epidemic, which complaints were contained in a leading editorial article of that paper, issued August 28th, 1849, and circulated in the forms of extras through the city generally, have made inquiry as instructed, and, with leave, report as follows," etc.

Our room being too limited, we cannot enter into the particulars of the very ably written and concise report, but we find in perusing it, that the gentlemen of the committee not only appear very just in their exculpations of Drs. P. and E., but very charitable in their demonstrations to the mistaken Dr. Latta. We certainly shall not endeavor to interpret Dr. L.'s motives differently, but, while reading his misrepresentations, we were reminded of the numerous similar instances of unjust treatment, which homœopathic physicians in any place, where they had more than common success, experienced, from their allœopathic brethren, and how, privately and publicly, even in public lectures, men of high standing in the "regular school" have sought to throw ridicule on the science and to condemn it arbitrarily, without trial or discussion.

With regard to the charge made, "that the homœopathic physicians profess to have been practising Homœopathy for the cure of cholera and other diseases, when in fact, according to their own showing, they have adopted allœopathic treatment universally," the report establishes most successfully the *homœopathic* nature of all the remedies, as used by the homœopathic physicians of Cincinnati, against cholera. This is proved, also, by extracts from

the United States Dispensary and other allœopathic works, thus striking the opponents with their own weapons. It is well shown especially, that *Camphora* is not only *the remedy* for cholera advised *first* by Hahnemann, but is also a true homœopathic remedy. It is further stated, that the *dose*, as such, has no absolute relation to the homœopathic law of cure, but is a matter of experience, and that “if medicines answered a better purpose in a grosser form, than those usually used by homœopaths, they, as well as others, could use them, and still be homœopaths.”

From all this it will be seen, that the party, who tried to prejudice public opinion against the homœopaths (of Cincinnati) and their mode of treatment, not only acted unjustly and unreasonably, but *imprudently*; because, being met by candid and well informed men, they have undoubtedly lost ground in the esteem of the Cincinnati public, “the mass of mankind being, it is true, not always able to decide whose theory is the most logical, but being competent to appreciate the results of medical practice when plainly and fairly stated.”

To the report of the Committee are added reports of the homœopathic physicians of Cincinnati, from which it appears that the loss of cholera patients treated by them, has averaged *less than six per cent.* These reports are valuable contributions to the science, and will furnish good documents for a detailed and complete history of the homœopathic treatment of cholera, which we intend to furnish to our readers in a future number of the “Quarterly Homœopathic Journal.”

EXTRACT OF AN ADDRESS DELIVERED AT THE ANNUAL SESSION OF THE CENTRAL HOMŒOPATHIC ASSOCIATION OF GERMANY, AUGUST 10, 1849.

BY THE PRESIDENT, DR. LOBETHAL, OF BRESLAU.

GENTLEMEN,—The history of medicine proves generally that the great development of the art has nearly always kept pace with great political revolutions. In the great political life the present time is pregnant with a new great catastrophe, and the pains which precede it will certainly, with longer or shorter interruptions, be

for a long time felt. The revolution of medicine, beginning with the discovery of our healing principle, commenced forty years before the political revolution, and the object in view will only be achieved when to Homœopathy has been granted that station in medicine which is due to her as the acme of medical art. This object, gentlemen, will surely be achieved by the superiority of our principle, but less by continued revolution — by reciprocal enmities and suspicions, than in the way of calm reform, with due respect to opposite views, with the necessary impartiality and moderation; because, also here, is the image of the great political evolutions the pattern; may the impulse to such evolutions only have been possible by a revolution, the fruits of the revolution, however, be only produced by a calm mediation of the extremes, and it is my sincere conviction that even Homœopathy can then only meet with a happy future, when she ceases to be regarded as an isolated branch of the great tree of medical knowledge which has for more than two thousand years been sown, and produced some excellent fruit. Let us therefore give up all attempts which may have a retarding influence upon the development of our medical treatment; let us not consider Homœopathy as a science entirely exclusive; let us leave all those extreme directions into which the mania for systems and the charm for novelty tried to force the great truth of the homœopathic discovery, and let us ever remain conscious of the great object, and exert our utmost to secure to the specific medicine by the discovery of Homœopathy as a science, her elevated station to the universal medicine.

The celebrated *Ehrenberg*, according to the latest news from Berlin, made the discovery, that the atmospheric air of Berlin, contains about one hundred species of *Infusorias*. After the cholera broke out there, he found thirty new species in addition, and it is supposed now that those might stand in a very near relation to cholera. This supposition has been by *Hahnemann* expressed at the first cholera-march through the world, by maintaining that the miasma, producing cholera, must evidently be of an organic nature. He went still further, by affirming and recommending *Camphor* to be a remedy for the destruction of this organic

miasma, on account of its annihilating effect upon the lower organizations. This assertion was at that time — like all that Hahnemann has said and published — ridiculed; it has gained fresh confirmation by the discoveries of Ehrenberg, and it might, by repeated investigations, prove to be the only and truly natural view of the cholera miasma in the atmospheric air. — *Allg. Hom. Zeit.*

NEW YORK, June 19, 1849.

A resolution having been offered to the Board of Health, "that a hospital for the reception of cholera patients be established in this city, in which the practice of homœopathic physicians shall be pursued," and the same having been referred by the Sanatory Committee to the Medical Counsel, the undersigned state that should the above resolution be adopted, they see no satisfactory reason why the same courtesy should not be extended to the Hydropathists, the Thompsonians, the Chrono-thermalists, and, indeed, all others claiming to have specific modes of treating the cholera.

By intelligent and well educated physicians generally, homœopathy is looked upon as a species of empiricism. It is neither practised by them, nor countenanced by them. Concurring entirely with their professional brethren on this subject, the undersigned conceive that the public authorities of our city would not consult either their own dignity or the public good, by lending the sanction of their name or influence to homœopathy or any other irregular mode of practice.*

JOHN B. BECK, M. D.,	} <i>Medical Council.</i>
JOSEPH M. SMITH, M. D.,	
SAMUEL W. MOORE, M. D.,	

SETH GEER, M. D., *Resident Physician.*

RICH. L. MORRIS, M. D., *Health Commissioner.*

Am. Jour. Hom.

The anniversary meeting of the New York Academy of Medicine (Allœopathic) was celebrated last week by a public meeting, and an address by Dr. A. C. Post, who made a violent attack on

* We give this without comment; it speaks for itself; we only should like a little of *that intellect* and education! — *Ed.*

Homœopathia, full of sound and fury, signifying nothing. It is remarkable that Allœopathists have not yet learned that misrepresentations of Homœopathia cannot retard its progress. The New York Academy, we understand, is nearly defunct, not unexpected by those who can appreciate the spirit of the age. *Ib.*

A student of medicine, who had studied with a homœopathic physician, applied to the "President of the Faculty of Rush Medical College," to know whether he could graduate in that Institution by attending two full courses, and complying with all the requirements of that Institution. The reply was, that "*he could do so on one condition, and that only, that he should solemnly promise never to practise Homœopathy.*" The Southwestern Homœopathic Journal thinks this an act of meanness. We regard it quite consistent with the close monopoly organization of the medical faculties of the colleges. The time is near at hand when it will be looked upon as improper for the civil law to designate by whom students of medicine shall be educated for their professional duties. The intelligence of the people already penetrates the value of an allœopathic medical diploma. A rigid recorded examination of candidates for the doctorate by competent persons, who have no pecuniary interest in the sale of the diploma, would be of vast value to the profession and to the people. *Ib.*

HAHNEMANN ACADEMY OF MEDICINE.

Homœopathic physicians of New York city and its vicinity have organized an institution with the above title, and secured its incorporation under the law of the State.

The following named persons constitute the "Executive Council" for the ensuing year, viz :

JOHN F. GRAY, M. D., *President.*

S. R. KIRBY, M. D., *Vice do.*

P. P. WELLS, M. D., *Corresponding Sec.*

J. W. METCALF, M. D., *Recording do.*

HUDSON KINSLEY, M. D.	} Trustees.
J. A. McVICKAR, M. D.	
A. S. BALL, M. D.	

ALCOHOL FOR PREPARING MEDICINES.— A small pamphlet, written in a spirit complimentary to the medical profession, for the strong and straight-forward assistance, which has invariably been given by its members to the temperance reformation, agitates the subject of preparing medicines without alcohol. Can this article be dispensed with entirely, and prescriptions be framed equally efficacious? Certain it is, there, were centuries in which alcohol was unknown, and the measure of health was quite equal to that of any subsequent epoch, during which it has figured so largely in the pharmacopœias. Does the use of tinctures have a tendency to create a morbid appetite for distilled liquors.* This is a question open for discussion. In the meanwhile the influence of physicians should always be exerted in favor of unqualified temperance, as a pre-requisite for unimpaired health. *Boston Med. & Surg. Jour.*, Jan. 9, 1850.

DEATHS BY CHOLERA IN BOSTON, 1849.

WE are indebted to Mr. Simonds, the City Registrar, for the following return of the deaths by cholera in Boston, during the past season. It is probably as complete as any report of the kind can be made. Some deaths by the disease may have occurred which were not reported; but not more, it is presumed, than may have been erroneously returned as cholera cases. There is no means of knowing the total number of recoveries from the disease in the city, as physicians were not called upon to furnish any thing but the causes of death. In the cholera hospital it appears, by the report of the physician, that the whole number of admissions was 262, of whom 175 died, or nearly 67 per cent. The ages of the individuals who died are not stated below, but a very large proportion of them are known to have been of middle age — as has been the case, it is believed, wherever the disease has prevailed.

* We should not wonder if the so called "restorative tinctures" and modern cordials, taken by table-spoonful's, would tickle the palates of patients to such a degree, as to incite an irresistible desire for more restoratives, etc. If all remedies were selected according to the law, "similia similibus curantur" and small doses only be given, we venture to say that patients would neither smell nor hanker after liquors.—*Ed.*

The first death by cholera occurred June 3d, and there were seven other deaths in that month. During the month of July, the greatest number in a day was six. The disease became epidemic about the 1st of August, as follows :

In June,	8	August 21,	3	September 13,	4
	— 8	22,	12	14,	1
July,	52	23,	6	15,	3
	— 52	24,	14	16,	6
August 1,	4	25,	15	17,	2
2,	12	26,	13	18,	4
3,	21	27,	5	19,	5
4,	8	28,	16	20,	0
5,	13	29,	13	21,	1
6,	18	30,	22	22,	1
7,	12	31,	11	23,	0
8,	22		— 418	24,	1
9,	7	September 1,	11	27,	1
10,	18	2,	14	28,	1
11,	5	3,	10	29,	1
12,	22	4,	7	30,	1
13,	23	5,	8		— 133
14,	16	6,	4	RECAPITULATION.	
15,	14	7,	8	In June,	8
16,	14	8,	13	July,	52
17,	20	9,	9	August,	418
18,	14	10,	7	September, . .	133
19,	13	11,	5		—
20,	12	12,	5	Total,	611

The birth-places of the deceased, as near as can be ascertained, are as follows : — Born in Boston, of whom many were of foreign parentage, 79 ; Massachusetts out of Boston, 34 ; New Hampshire, 14 ; Maine, 16 ; Vermont, 5 ; Connecticut, 4 ; other American States, 11 ; Ireland, 379 ; Scotland, 12 ; England, 14 ; British American Provinces, 14 ; Germany, 3 ; France, 3 ; other foreign countries, 8 ; not ascertained, 15. — Total, 611.

Medical and Surgical Journal.

TO CORRESPONDENTS.

The communication from Cincinnati, by Dr. Rosa, came too late for insertion in this number.

QUARTERLY HOMŒOPATHIC JOURNAL.

HISTORY OF MEDICAL SCIENCE—AN INTRODUCTORY LECTURE.

BY STORM ROSA, M. D.

GENTLEMEN OF THE MEDICAL CLASS:

CUSTOM has made it incumbent upon professors in medical colleges, when first entering upon their duties in their official capacities, to give what is commonly styled an introductory lecture, before the class.

In obedience to the duty thus imposed, I now stand before you with a hope that I shall, in the course of a few remarks which I am about to make, present some things which will be interesting and useful.

But before entering upon the subject which I have chosen for our consideration, I will ask your indulgence for a few moments, whilst I make a few preliminary remarks, which recent occurrences have suggested, and the present occasion seems to demand.

The responsibility of a public teacher is increased or diminished, according to the nature of the science or doctrines which he professes to impart; it is therefore proper, when any thing new is about to be generally diffused among mankind, that the community should have the right to express an opinion freely upon the matter and manner of the teaching, although it has no power to suppress by force, any doctrine, however odious or

improper it may appear to be, but only through the supremacy of public opinion.

Amongst the things which concern our material existence, it must be conceded that the science of medicine stands foremost, and holds the most prominent and important rank, and in this matter, the public is the only legitimate tribunal from which a just and true verdict can ever be obtained, with regard to the merits or demerits of any particular mode of medical practice.

It is not the subtle intricacies of fine spun medical theories which interest the family of man ; but it is the result of medication which more immediately demands their attention, and of which they assume to be competent judges. It is true, they may be kept in a slumbering ignorance, when there is no opportunity for comparing the success of the different methods of medication. But the day is past when legislative protection can any longer be called to the aid of any denomination of medical practitioners ; the light of mental improvement has compelled all men to stand before that stern tribunal of public opinion, upon terms of equality ; the day is past when a homicidal practice can be palmed upon mankind with fearless impunity. All men can look upon the results of the several methods of medication, and choose such professional men as appear to them to be most successful in the cure of diseases.

A homœopathic professorship in a medical college of another method of practice is a novel experiment in the United States, and yet more than thirty chairs are filled in the different colleges of Europe by homœopathic professors, and no serious difficulties have grown out of the arrangements, so far as we have been able to learn. But when it was first proposed to me to accept a professorship in this Institute, I regarded the project as chimerical and impracticable, owing to the peculiar nature of our institutions in this country. It is true I had not given the subject much consideration, nor did I know of the generous policy of the Eclectic Medical Institute. I knew that the Institute acted under a charter from the legislature, and that it

had all the powers that any college possessed in the State. I knew also that all the branches of medical science usually taught in medical colleges were taught in this ; and I found on further investigation, that all that constituted the difference between it and the old school of medicine, consisted in expunging from the *materia medica* all acknowledged dangerous remedies, and instituting a more rigid research in the arcana of nature for more efficient and more safe remedies for the removal of disease, as well as better principles for guiding their application. All of these facts being duly considered, I then determined upon my future course, provided the way should be opened as had been suggested.

When I cast my eye over the medical world, I saw the mighty struggles which the young science of homœopathy was making against the combined force of the most powerful profession in the civilized world ; I witnessed their ribaldry and sarcasm, and their undignified personal abuse against all who did not bow down before their idol, and do homage at their bidding ; I regarded this opportunity of presenting the claims of homœopathy under the patronage of this liberal and popular institution, as a special interposition of Divine Providence.

But I regret that the mantle had not fallen upon the shoulders of one better qualified than myself to discharge the onerous but honorable duty of imparting so noble and so useful a science as homœopathy, to this intelligent medical class. But as the task is mine, with your indulgence and coöperation, I will endeavor to discharge the duties with fidelity to the cause which I have undertaken.

It has been urged, and perhaps with great sincerity and honesty of purpose, that the promulgation of our doctrines to a medical class, which was at the same time instructed in another method of healing the sick, would necessarily amalgamate the two methods of practice, and thereby destroy the identity of both. Such an argument as this, to a well-informed homœopathic physician, would be preposterous and absurd, and he

could not seriously entertain it for a moment. He would at once see the impossibility and utter impracticability of such an amalgamation — men less informed in the science possibly might entertain such or any other fears which their imaginations might suggest.

The well-informed homœopathic physician knows that no prescription in his line of practice, can by any possible means, be mixed with any other method, without an entire failure ; and this must be the inevitable result in all cases. Now, who will practice homœopathy when it fails him in all cases ? And now where is the argument of amalgamation ?

The reflection which I have given this subject, has led me to a different conclusion.

The student is here presented with the different doctrines of medical science, and at the same time he is left at full liberty to believe or disbelieve either. He is not held responsible to any one for his medical creed, the mind being left free to judge of the comparative merits of the different doctrines, he will be better enabled to select from the whole a creed which will be more satisfactory to himself in his future labors as a medical man.

The arguments which have appeared in a few public Journals, seem to imply that students are bound, in *some way*, to practise the method taught in the school where they were educated ; consequently, if Eclecticism, Alloëopathy, Hydropathy, and Homœopathy should, perchance, be taught in the same university, the students would necessarily practice them all, mixed in a medley of hybridism and indescribable amalgamation, that nothing but inspiration could name or disentangle.

The great and leading object of the founders of this Eclectic Medical Institute was, and still is, to reform and improve medical practice, for which laudable and noble enterprise, it is well known they have been denounced by the self-styled regular schools throughout the length and breadth of the land. They have steadily, notwithstanding the war of extermination which

has been waged against them, pushed onward—they have brought into requisition a countless number of new medical agents, by which they have conquered the most fearful malady that ever visited this city or the family of man. For proof of this we have only to refer to the official report of the cholera hospital for the past season, and the results of private practice, which have been equally satisfactory.

But as I have already passed the limits which I had designed to occupy before entering upon the subject of my discourse, I will leave all other preliminary remarks for some future occasion.

No science is more important to the whole human family than that of the healing art. And yet there is none, the history of which is less known to mankind in general.

The pretensions of the alloëopathic medical profession, however, in historic authority, are neither few nor moderate, for there is no profession that boasts more of its antiquity—none more of its research and great learning—none that makes higher claims to regard on account of its ancient records and accumulated wisdom.

For the most part, it is held to be a satisfactory argument, for the high value of orthodox medical practice to be able to recount the names of the fathers, with their opinions and sanctions—as though it were empiricism of the most undignified character, as though it were heresy to raise a single question touching the usefulness of those ancient truths and antiquated dogmas.

The general ignorance of mankind upon this important branch of history, enables the learned of the profession, whether their position be true or false, always to obtain a victory over the mind of the multitude.

There is among mankind a natural veneration, and a very laudable one indeed, for ancient usages, those especially which have been carefully handed down to us through a channel of credible and indisputable authority; and when these usages

have been put fairly to the test of experience, they obtain with us a permanent credit.

But the history of Medicine, which is the present object of our consideration, with its dogmas, is not entitled to such regard for its antiquity. So far is this from being true, that its history is only a record of the follies, ignorances, caprices, superstitions, and credulities of man ; and in our view nothing but an unblushing ignorance of the whole matter of it, would be an apology for resorting to such arguments in its behalf.

I propose to consider a few of the leading dogmas in connection with the history of this important science, in a very brief and concise manner, and thus exhibiting a comprehensive view of facts, from which we shall see how much the ancients have contributed to elevate the science of medicine.

Upon a full and fair examination of the whole subject before us, I am unable to find much which will be likely to interest us at this time, anterior to the second century of the Christian era.

In the year 131 was born at Pergamus, in Asia Minor, Claudius Galenus. He received his first lessons of rudimental knowledge from his father ; afterwards he accumulated much learning by travelling and by conversation with the most eminent and learned physicians of the age. He was distinguished for his indefatigable perseverance in endeavoring to accumulate wisdom from all sources which were within his reach. The science of medicine was his favorite pursuit above all others. At length his great popularity gained him sufficient influence to overthrow all previous systems of medicine, and to establish an entirely new one, which governed the medical world with a kind of oracular power for about *thirteen hundred years* !

This system which obtained for so great a period of time, is now regarded by the learned of the alloëopathic profession as replete with strange conceits and ridiculous follies, and as not having contributed in the least towards the advancement of the science of medicine over its predecessors.

With all the attendant absurdities of this system, it gained great credit for its author, and during the whole period of its continuance as the standard of medical practice, it was regarded as a kind of therapeutical heresy to question or doubt a single position which he had laid down as a guide in medical practice. Indeed, no one dared to question his authority as equivalent to immutable truth. It was suicidal to the reputation of any one to presume upon any thing which was not sanctioned in the works of Galen.

It does not require the mind of a Newton or a Bacon to discover the same dominating disposition in the old medical school: and were it not for the intelligence of the present generation, all who dissent from the maxims of the alloëopathic school, would be robbed of their reputation, and would be driven from the ranks of the profession in disgrace. The threats and denunciations of the medical sanhedrim have, in all times past, held the people and the members of the profession in ignorance. The number even at this day, (when the people are calling loud and long for reformation,) is comparatively very small of those that dare to "beard the lion in his den."

In reference to Galen, an able writer of the present day says, "For thirteen hundred years after his death, no one dared to oppose his authority, either in point of fact or hypothesis; and it was even considered a kind of heresy to pass over the limits of investigation which he had assigned to medicine, or to suppose that he had left any thing to be discovered by his successors.

In consideration of the importance of the subject before us, and of the prominence of the character of Galen, whose authority is often quoted by the alloëopathic writers of the present day, I have regarded it proper to set forth the leading dogmas of this distinguished medical leader.

He taught, as the fundamental principle of all medical science, that the human body is composed of four elements, to wit, earth, air, fire, and water.

He also taught, as another fundamental truth, that the animal body consisted, in addition to the four elements, of four humors. This doctrine of elements and humors, it is said, he borrowed from the writings of Hippocrates.

The seat of disease in all cases was in the humors, and that disease resulted in all cases from a vitiated state of one or more of these humors.

He also taught that life consisted of four qualities, to wit, heat, cold, moisture, and dryness, and that these four qualities might exist in the four humors, in four different degrees, and by some unlucky or accidental combination of these four qualities, which existed in the four humors, disease is produced.

His *materia medica*, and the qualities which he assigned to medicinal agents, are no less curious and singular than his theory of disease.

He assigned to all medicinal agents four qualities, which were identical with the four qualities in the human body, and that they were curative in the exact ratio in which they were found to contain one or more of the above qualities preponderating.

By what test he was enabled to determine which of the four qualities preponderated, we are left to conjecture, but infer that the taste was the principal means of ascertaining that fact.

Charms, amulets, and incantations, were the natural accompaniments of all the absurdities which were taught in the Galenian school, and all these, as history informs us, were freely plied in practice, and more especially so, as literature lapsed into the dark ages which followed.

There were numerous commentators, who produced elaborate and voluminous works upon the doctrines of Galen, all of whom served merely to perpetuate the fame of their master, without daring to venture upon one single innovation on his established doctrines — no heresies arose to be extirpated or denounced — the bounds of wisdom and philosophy were fixed by the arbiter of all reasoning — none had the temerity — none had the propensity to pass over them.

At the beginning of the fifteenth century, the regular medical profession had lost nearly the entire confidence of all the refined and better portions of mankind. All the medical literature of that period, of which the world had so long boasted, and which is now the pride of alloëopathy, consisted of some of the commentaries upon the texts of Galen, which had been translated into Arabic, the whole of which consisted, according to the most learned historians of that time, of a mass of the most inconsistent incongruities which a blind superstition ever cultivated as a science.

According to the opinions of modern medical writers, Galen did not contribute in the least over his predecessors towards the advancement of medical science; but on the contrary, turned the attention of all the learned in the profession to minute distinctions, abstractions, and hypothetical theories, and at the same time lost sight of all practical research, which had measurably distinguished his predecessors.

But the season of intellectual darkness, superstition, and bigotry, was not fully accomplished. The mental darkness which was mainly the result of superstitious and ambitious leaders of all the learned professions of that period, only prepared it for still greater drafts upon its credulity. All scientific knowledge was placed beyond the humble walks of life, and the common people held all science, more especially that of medicine, as a mystery, which was under the special control of a good or evil spirit.

This low state of literature, and the prevailing superstitions to which the practitioners of medicine had greatly contributed, and which now hung upon the mind like an incubus, prepared the way in a peculiar manner for a new leader in medical science.

Paracelsus, a Swiss by birth, was in every way eminently qualified for the undertaking. He saw the low ebb of the human intellect, and the almost entire extinction of every species of literature amongst the mass of mankind; he also appre

ciated the prevailing superstitions of the age, together with the unlimited credulity in the medical profession, all of which served his purposes, in an eminent degree, to overthrow the doctrines of Galen, and to establish an entire new theory of his own invention.

Paracelsus commenced his career as a public teacher, first in the University of Basle, in the year 1527. He possessed peculiar qualities of mind, and great eccentricity of character. For impudence and assurance he had no parallel. His doctrines spread throughout the continent of Europe, with nearly the speed of the magnetic telegraph, and effectually overturned all the dogmas of his predecessors, which had stood the test of public opinion for so many years.

However, there were still devotees to the doctrines of Galen, who lingered about the old dilapidated temple with a devotion and tenacity not very unlike the old school adherents of the present day. For want of argument they resorted to abuse, and quoted their ancient dogmas in the absence of all other reasoning, to sustain their unenviable position.

The theories and fancies of Paracelsus only obtained for a short period, and proved of no great value either to science or the art of healing. But his doctrines served to remove the spell which had held the mind in superstitious ignorance for so long a period, and left it free to search after truth amidst the follies of bygone days.

The study of alchemy was the ruling passion of Paracelsus. In that science he could perceive all the laws which govern animal life. Physiology and pathology were both embodied in the laws of alchemy, and were completely within his comprehension.

He defined animal bodies to consist essentially of *Mercury*, *Sulphur*, and *Salts*, and that these three elements were the constituents of all organized beings, and that these three elements must exist in mathematical proportions in each individual, in order to constitute health.

He embraced and taught the doctrine that life is the combined action of certain divinities, which resided in, and presided over the several organs. Each organ having its own appropriate divinity, was entirely independent of any other, and that it was by some definitive treaty between the whole that the functions of life were performed harmoniously.

These divinities were divided into different grades; he imagined the first class, (to whom he had assigned about equal rank,) as presiding over the brain, the lungs, the heart, and the stomach; the second class were again divided into different grades, according to the importance of the organ over which they presided.

At that period, when Paracelsus commenced as a public teacher, the Galenists were still in possession of mostly all the medical schools. A fierce war was now waged between the contending parties, all of which gave consequence to the new school, and finally served effectually to break down the old dynasty.

This war with superstition, bigotry, and absurdity, on the one side, and poesy, novelty, and fiction, on the other, lasted nearly a whole century — the Galenists continually losing strength and numbers, whilst the Paracelsians were continually increasing. At length hostilities ceased between the parties, by commingling the different views upon the subject, and all agreeing, by making reciprocal acknowledgments of their own deficiency, that neither party was in possession of the true art of healing; which was readily acquiesced in by the people.

The doctrines of this singular genius were rapid in their progress. They passed over the civilized world with surprising rapidity; but like all other theories which had preceded them, their absurdities became too apparent. They became the subject of ridicule by all parties, and were doomed to remain among the things that were.

Nothing now remained but to get rid of all the rubbish which had beclouded the human understanding on this all-important

branch of science, for so many centuries, and to seek something which might be useful to suffering humanity.

At the close of the sixteenth century, a new era seemed to dawn upon the world ; all eyes were now turned towards a distinguished and learned man, a native of Brussels, — John Baptist Van Helmont. This distinguished gentleman now became the great leader and teacher of medical science. He assailed all the principal doctrines of his predecessors with great violence, except a few from the works of Paracelsus. His doctrines were almost entirely based upon chemical principles, and consequently served no valuable purpose towards establishing a reasonable foundation upon which to erect a rational science of medicine.

He endorsed the doctrines of Paracelsus, of presiding divinities, but he assigned to them qualities or power which the creative genius of Paracelsus had never conceived of. He supposed them possessed of all the human passions individually, and that any cause which might *perchance* disturb the equanimity of either of them would produce disease. This improvement principally enabled him to overthrow the remainder of the doctrine of his immediate predecessors, and to establish one in accordance with his own views. His *materia medica* was based upon chemical principles exclusively — whilst he lost sight of all induction and experiment, and brought all the departments of medical science to a hypothetical standard.

All medicinal agents must have the power of appeasing some one, or all of the offended divinities, which power could only be determined by a peculiar chemical analysis of the article to be used.

This power, in a remedy capable of appeasing an offended divinity, and which could only be determined by some mysterious chemical process, was too absurd to obtain much confidence amongst the thinking part of mankind, and, consequently, after looking over the absurdities which had in all time accompanied the profession of medicine, they repudiated and denounced the

whole matter as being an imposition which had been palmed off upon the human family by designing jugglers.

But the natural demand for something to relieve human sufferings prevented the door of science from being closed against all effort in behalf of humanity. Sylvius of Germany and Willis of England commenced a work of medical reformation simultaneously. Whether a concert of action was agreed upon between these two reformers is not known, but there was a remarkable coincidence in their efforts. Their first effort was brought to bear against all the former theories of medical literature, and without much mental exertion, they succeeded in proving clearly that the world had been greatly imposed upon by the great medical leaders.

Their next movement consisted in preparing the public mind to receive some extraordinary development. They held out that a true science of the art of healing lay still deeper in the arcana of nature, and only required deeper research to discover it and bring it forth, they intimated, that they had just begun to discover the twilight of truth.

They had succeeded in awakening the curiosity of all Europe, and all eyes were now turned upon these two prodigies of learning and philosophy, and all appeared anxious to hear and adopt any thing which they should finally determine as truth.

They finally succeeded in discovering that life is a mere fermentative process, and that two elements or agencies produced all the phenomena of life in health and disease; these two agencies consisted of an acid and an alkali, and that all abnormal conditions originated in some disproportion of these two chemical agents.

This doctrine in its turn became quite popular, on account of its great simplicity. It commended itself to all grades of society, being so easy of comprehension. It therefore required but little effort to establish this doctrine as a great truth.

This new theory enabled the physicians of that school to solve all pathological questions, and to bring the whole matter

of the disease within the comprehension of every body. All investigation of diseases was easy, and the only question to settle was, which preponderated, the acid or the alkali, and the remedy was at hand for a speedy removal of it.

Chemistry was a science which had been cultivated to some extent by the fathers of medicine, and it was now made available in the new practice. It taught that an alkali and an acid neutralized each other, and from this principle it was easy to determine what medicine was indicated.

To make this new medical practice harmonize in all respects, it became necessary to establish the doctrine, that all vegetables and minerals were endowed with these two great agents, an alkali and an acid, and which existed in them in different proportions, and to render an article available in any given disease, it should possess one of these two great agents in an inverse ratio to the disease.

The materia medica was arranged in accordance with the alkali and acid principle. Some remedies were supposed to contain large proportions of alkali, and others to participate largely in acidity, these qualities entitled such articles to a distinguished place in the materia medica.

This fermentative doctrine of Sylvius and Willis continued to dazzle and blind the world, but for a short period, when William Harvey discovered the circulation of the blood. This discovery took place in the fore part of the seventeenth century, when Sylvius became one of his disciples, and advocated his doctrine in the university of London, where he was then first professor of medicine in that great institution.

At this period, Descartes revolutionized the literary world with his corpuscularian philosophy. Mechanics and natural philosophy seemed to engross the attention of all great men, and with all their circumstances combined, served most effectually to demolish the chemical theory of Willis and Sylvius and again to sweep every vestige of medical theories of by-gone days into a hopeless oblivion.

At about the close of the seventeenth century, all hypothetical fancies and imaginary speculation, which had hung over the human mind, upon the subject of medical science, since the days of the great founder of the Galenian school, being swept into forgetfulness, only remained upon the pages of history as an index, pointing to the follies of the past. But destiny determined that such a blank should not continue long. Bellini, an Italian, stood out in bold relief. He directed the attention of all the learned, to an entirely new principle for curing diseases. His native country had remained in darkness for many ages, and more especially upon the subject of medical science; consequently, local and national pride gave him great consequence in his own native land. He directed the attention of the profession to entirely new laws, by which animal life was governed.

He maintained that all the functions of animal life are subject to the laws of gravitation, and are wholly controlled by it; and that the same laws which govern mechanics, hydraulics, and hydrostatics are applicable to animal life; and that a complete and perfect knowledge of these laws, will enable us to solve all the phenomena of vitality and organized life.

A modern historian says: "Perhaps no hypothesis, since that of Galen, was ever received with more enthusiasm, or adopted with more implicit faith. In proportion as mathematical reasoning prevailed, attention to chemistry was withdrawn, and so entirely was the learned world engaged with the fascinations of mathematics, that for nearly a century scarcely a single improvement was made in the science, and the application of chemical laws to pathology and therapeutics was altogether suspended. Now, instead of acidity, alkalinity, fermentation, putrescency, &c., we find the medical authors of this period constantly referring to calculations respecting the size of the particles, the diameter of the pores and vessels, the friction of bodies against each other, the impulse of the fluids, their deviations and revulsions, the momentum of the blood, its viscosity

and lentor, its obstructions, resolutions, and various other hypothetical expressions, derived directly from a mechanical cause, and considered as the sole agents in every corporeal action."

After a very short experience mankind became convinced that out of all this mechanical doctrine, no practical benefit whatever could result, and they compelled the profession once more to retire from the field of humbuggery.

Secret remedies were now freely plied everywhere, and supplied the place of those which had formerly emanated from the hands of scientific men, and the most ignorant and impudent juggler took the place of the most learned practitioners in medicine, and the science of healing the sick became once more the object of contempt.

Soon after the decline of the mechanical theory, at about the beginning of the eighteenth century, George Ernest Stahl, a professor in the University of Halle, became a leader of a sect of physicians in opposition to the mechanical theorists. A fundamental principle in his theory was, that there was a power in the animal existence, which appeared to resist injuries, and repair them, which Van Helmont had recognized, and to which he had ascribed a certain degree of intelligence. Stahl recognized it, and affirmed it to be the soul, "which he affirmed, not only originally formed the body, but is the sole cause of all the motions in the constant excitement of which life consists: whence diseases were generally regarded as a salutary effort of the presiding soul. This hypothesis, besides its visionary character, was partly deprecated as leading to an inert practice, and the neglect of the collateral branches of medical science, even of anatomical research, which Stahl maintained, had little or no reference to the art of healing."

It was quite natural that when a man of great genius like Stahl, had taken a full view of the history of medicine, and had fully witnessed the follies and absurdities which had been fostered and venerated by the renowned of all the earth, that he should fall into some of the opposite errors.

He repudiated the heroic practice of that day, and condemned it as being injurious to health, and also endangering life. He condemned the use of *Cinchona*, *Opium*, and *Mercury*, the remedies, which then as now, stood at the head of all curative agents.

The doctrines of Stahl soon lost all of their charms, and finally settled away into a kind of careful and attentive nursing as their practical result.

We have now arrived to within our hundred and forty years of the present period, with our historical narrative, and we leave the profession in about the same condition in which we found it nearly sixteen hundred years previously, and we do not learn, during that whole period, that any important discoveries were made. From the days of Galen to near the close of the eighteenth century, the whole history of medical science is a mere reflex of the follies, fancies and caprices of the mind of man.

Ambition, superstition, and avarice have each held, separately and collectively, a very prominent position in directing and establishing all of the theories which have for so many ages held the human mind in ignorance.

Upon a final review of all the facts connected with the history of the healing art, can there be a much greater absurdity than for an enlightened member of the old medical profession to quote the past for medical authority? And yet, we are frequently saluted with the *Syren* song, that ours is the only regular profession, it has stood the test of ages, and has amongst its lore, the accumulated wisdom of twenty-five hundred years.

The value of such boastings and arguments can easily be appreciated from a true history of the past; and when it shall be as familiarly known to mankind in general as other branches of historical knowledge, I feel quite confident that no medical man who has any regard for his reputation, will have the unblushing effrontery to even hint at such claims to regard and confidence.

It would give me pleasure to continue this interesting branch of history up to the present period of time ; but the number of leaders with their different theories, have multiplied so rapidly since the time of Stahl, that the materials would fill volumes of absurdities which are no more entitled to our regard and respect, than the doctrines of Galen and his immediate successors.

The old school of medicine has never adopted experience as her landmark, it has been a system of day-dreaming hypothesis upon hypothesis, conjecture upon conjecture, while continued speculation and strange conceits have always formed the basis of the alloëopathic school.

At what conclusion would a rational man arrive, when such a mass of conjecture and heterogeneous materials were found to form the basis of the whole superstructure of medical science ?

The only object for which a medical theory is intended, is, or should be, to guide the practitioner to a sure basis upon which to make his prescription. If the theory be false, the conclusions are consequently false, and it now remains for the *rational faculty* to show to the world, after a twenty-five hundred years of probation, that they have a theory founded in truth. When that task is accomplished, all other methods will be set at rest, and mankind will sanction it with a *holy cordiality*.

But we have yet to learn that the first effort to that end has ever been attempted, whilst on the other hand the homœopathic physician presents to the world his great and unerring law of nature, *similia similibus curantur*. He challenges the world to disprove this great law, he invites everywhere a trial of its truth. Why do they not institute a trial, by appointing honorable and discreet men as commissioners to investigate the whole subject ? They dare not !

The condition of the science of medicine at about the close of the eighteenth century, with all of its attendant uncer-

tainties, awakened the attention of Samuel Hahnemann to its sad condition. He saw with an unequalled, penetrating eye the deplorable and beclouded condition of that important science which had for its object the healing of the sick.

Samuel Hahnemann was a profound and deliberate thinker ; he reflected deeply upon the science which had been his favorite study, he saw the contradictory doctrines and hypothetical reasonings of the profession, and turned from them in disgust. Subsequently, however, he instituted a series of inquiries, in order to satisfy his own mind whether the healing art was a fancy of the imagination, or whether the Divine Creator had, in his mercy, provided agents for the removal of disease and suffering. He regarded the sanative and restorative powers of nature as far more salutary and safe than the orthodox method of cure. He viewed the lancet with horror, and huge doses of mineral poisons as the offspring of a darkened and benighted empiricism.

The great literary acquirements of Samuel Hahnemann eminently qualified him to turn his attention to an entire new channel to obtain a livelihood ; he had abandoned a lucrative medical practice in disgust. He could not, guided as he was, by a conscientious sense of duty, pursue a profession of which he had so much evidence that it only increased human sufferings, and which greatly increased the lists of mortality.

Having been previously an indefatigable student of all the living languages of the continent of Europe, and also being devotedly attached to the science of chemistry, he commenced the translation of some of the best English and French works upon that science, into the German language. He also commenced the translation of the *materia medica* of Cullen into his native language. “ Whilst engaged,” says a writer, “ in translating the *materia medica* of the illustrious Cullen, in 1790, in which the febrifuge virtues of *Cinchona bark* are described, he became fired with the desire of ascertaining its mode of action. Whilst in the enjoyment of the most perfect

health, he commenced the use of this substance upon himself, and in a short time was attacked with all the symptoms of intermittent fever, similar in every respect, to those which that medicine is known to cure. Being struck with the identity of the two diseases, he immediately divined the great truth which has become the foundation of the new medical doctrine of homœopathy.

Not contented with one experiment, he tried the virtues of medicines, not only on his own person, but on others.

In this investigation, he arrived at the conclusion that the substance employed possessed an inherent power of exciting in healthy subjects, the same (similar) symptoms which it is said to cure in the sick. He compared the assertions of ancient and modern physicians, upon the properties of poisonous substances, with the result of his own experiments, and found them to coincide in every respect, and upon these deductions he brought forth his doctrines of homœopathy.

“ Taking this law for a guide, he re-commenced the practice of medicine, with every prospect of his labors being ultimately crowned with success.

“ In 1796 he published his first dissertation on homœopathy, in Hufeland’s Journal. A treatise on the effects of medicine appeared in 1805, and the *Organon* in 1810.

“ Hahnemann commenced as a public medical teacher in Leipsic, in 1811, where, with his pupils, he zealously investigated the effects of medicine on the healthy living body, which afterwards formed the basis of the *materia medica pura*, and which was published during the same year.”

From what has been said in the above quotations, it will be perceived that homœopathy is an inductive science — a system of medical practice drawn entirely from experiment. In this it differs from all others which have preceded it, and it nowhere claims any respect or confidence from any source, unless its pretensions can be fully established upon the broad basis of experiment.

Homœopathy claims for itself great superiority over all methods for the cure of disease. Its discoverer, and the advocates of it, claim that the law of *similia similibus* is the only one which can be made available in the cure of any disease. Its advocates also maintain that all theories and hypotheses, which are not drawn exclusively from experience are deceptive, false and conjectural, and consequently mislead the practitioner in his pathology, and what is still more important, in the selection of his remedies for the removal of disease.

But whilst the advocates of homœopathy thus refuse to accord to allœopathy any approximation towards the truth, in the fundamental principles of their science, they are frank to confess that cures apparently do occasionally result from their mode of treatment, but not by virtue of their law of *contraria contrariis*, for by that principle no cure can ever be accomplished.

Allœopathy being a stereotyped edition of discordant dogmas and contradictory theories, which are chiefly the offspring of the imaginations of ingenious men, all of which is entirely destitute of any true method or guide to the physician, is therefore unworthy the confidence of an enlightened people. It is entirely a system of guessing, the dangers of which are too plain to be mistaken, and the patient who has luckily escaped, could he but look back and see the shoals and the quicksands which he had just escaped, in a barque which had neither compass nor rudder, would be taught a lesson not soon to be forgotten.

Why is there such a fierce and determined hostility against innovation and reform? Why do they not meet the reformer upon the broad platform of truth and argument? Is it not because they view their craft in danger?

Hear our allœopathic brethren — do they tell the world that more deaths occur under the treatment of the homœopathic physician than under their own? No, that is not the charge. We are charged with preparing and giving remedies to the

sick upon an entirely different plan from their own — one with which they have no acquaintance, *nor do they desire any*, because the whole system is charlatanism and humbuggery, not having received the talismanic sanction of some dignitary of their school. Such reasoning may answer their purpose ; but the people have taken this matter under their own supervision, and have pronounced already a verdict of GUILTY.

The numerous alloceopathic journals of the entire country are studiously employed in ridiculing the reformer. They of late have nearly forgotten the legitimate object for which they were established, and he that can pour forth the most bitter sarcasm and ridicule upon the new science, stands highest in the estimation of the school as an editor.

The public teachers in their colleges have also taken the cue. They falsely represent the doctrines of Hahnemann, and hold them up to ridicule and scorn — they refuse to meet us with sober arguments as honest and literary men are bound to do, and in addition to all this, they refuse to extend the common hospitalities or courtesies of life to those who are guilty of the great crime of differing with them honestly, about the method of curing diseases.

I ask again, is their craft in danger ? If the waning prospects of the oldest medical school in Ohio are an index to the future, their sun is setting in the west, and the midnight mantle will soon cover over their sins.

But in defiance of all opposition, the march of true science is *onward* — ONWARD — everything is undergoing revision and reform — this is a day of improvement and of reformation — the philanthropist and the moralist are seeking new standards — all of the civilized world appear to be on the strife to see who shall be first and foremost in the great course of reformation, in order to ameliorate the condition of his fellow man. And now, let me ask where are the opponents of reform ? I answer by directing you to the old-school bigots. I confess that some of the best men the world ever saw can be found in the ranks

of alloëopathy. But they are wedded to their IDOL, and there I leave them.

In justice to alloëopathy I ought to mention an improvement in their medical practice. They claim to have fallen in with the public demand, and now administer by one half less doses than formerly. Now whether this improvement is the result of careful investigation, or is the result of a *reckless* and *benighted* demand of an ignorant world, *who have very little interest in their own lives and health*, and who, in former times, patiently submitted those matters to the *legitimate sons of Esculapius*, I cannot determine ; but certain it is, they boast loudly of their reformation.

A well adjudicated public opinion has often compelled tyrannical rulers to abandon oppressive and barbarous practices, and has driven the greatest tyrants into mild and humane measures of public policy. The public will finally compel the old physicians into a careful and thorough reformation in all their medical practice.

I have intimated that the alloëopathic school stands condemned, not very unlike a criminal who has been found guilty by a jury of his country, and is only awaiting the sentence of the law. But before that sentence is pronounced, hear the cogency of their reasoning, why it should be delayed.

May it please the court, “our cause has been on trial for about *twenty-five hundred years*, and we have been able all of that time to avert a final verdict, because we have never had a competent competitor, and we have grown careless of *our* rights. It is true that for the last fifty years we have had rather more than our match, and the entire people appear to be turning against us, all because they are ignorant and incompetent to judge of what is for their good in the premises.”

The Replication. You have been on trial, and have had a full and a fair hearing ; of this you do not complain, and we now demand of you a speedy reformation ; we have been deceived by you, and now declare that, in our judgments, you

are no more successful in the treatment of disease than the Galenists or any of their successors, up to the present time, and you are not what an enlightened people have a right to expect; therefore away! OR REFORM.

In conclusion, I will briefly call your attention to a few of the leading or cardinal principles of Homœopathy.

1st. They maintain that the law *similia similibus curantur* is an unerring guide in all cases of disease, for the selection of the proper curative power.

2d. Although this law is a fixed principle and a sure guide for the selection of the remedy, it does not indicate the quantity to be given to the patient.

3d. That there is a power or a dynamic force contained in all medicinal agents, in all the kingdoms of nature, which has never been developed in any other way than by trituration or succussion.

4th. That before a remedy is capable of exerting its highest medicinal force, it must undergo the process of trituration or succussion, or both, as the case may be.

5th. That in order to obtain a true knowledge of the medicinal qualities of a remedy, it must undergo a thorough series of trials upon healthy individuals, and all the modifying changes produced by it upon the organism, must be carefully recorded for the use of the physician.

6th. The changes and modifications which are produced upon the healthy organism by a medicinal agent are the only means by which we can ascertain its virtues, and the only true method by which we can arrive at a perfect rule for its administration to the sick.

7th. The Homœopathic physician maintains that a remedy which embraces the greatest number of modifications in its pathogenetic symptoms upon the healthy organism, which resemble the symptoms of a disease to be removed, is the only rational selection which can be made by the medical practitioner.

Such are a few only of the cardinal principles of the homœopathic healing art.

Homœopathy is only another name for the specific healing art. Its advocates claim it to be a method drawn entirely from experience, and that they are guided in all their remedial applications by this unerring law of nature, the maxim of *similia similibus curantur*, a law which no other school has ever adopted. This maxim, however, does not necessarily imply or indicate the doctrine of infinitesimal doses. The doctrine of infinitesimal doses is the result of many years of experiment by Samuel Hahnemann and his co-laborers. But this is still a somewhat perplexing subject, and there is now a wide difference of opinion upon this matter among many who are justly entitled to great respect for their literary acquirements and honesty of purpose. There being no rule, then, by which to determine the quantity of a medicament, which is most proper to be given to a patient at a single dose, it irresistibly follows that each practitioner must be left to his own judgment upon this subject.

And now, in conclusion, allow me to say that whilst the homœopathic physician claims great superiority over all other methods of curing diseases, and, indeed, he claims to have the only true philosophical method ; still he is willing, nay, anxious to meet the advocates of all other systems upon the broad platform of friendship and good will, where they are willing to compare notes and facts, and abide the result.

We are unwilling to rob any one of his good name. We glory in the success of the eclectic practitioners in the late fearful and destructive epidemic — we rejoice that thousands of our fellow-citizens, who were taken under their kindly care, are now in the enjoyment of perfect health. These facts are abundantly proven to satisfy any unprejudiced mind.

We also accord to them a higher degree of generosity and open manliness, than can be found in other medical schools. They are not only willing to meet us, but they have frankly

given us their *forum*, unasked and unsolicited, from which we may proclaim to the world our doctrines and our deeds.

THE RELATION OF HOMŒOPATHY TO OTHER SYSTEMS OF MEDICINE.

DIFFERENT opinions, like different chemical substances, as soon as they are brought together, show their affinity or opposition to each other. If there is any truth and logical connection in the proffered opinions, a clear understanding, like a chemical precipitate, will soon follow, as either the one will yield entirely to the influence of the other, or both will give up somewhat of their eccentricity. But when errors meet with errors, they will not mix, that is, they will not agree with each other, without an offered medium. To apply this metaphor, we believe, that a homœopathic "*purist*," infatuated with the mystic doctrine of high potencies and infinitesimal doses, and accustomed to reduce the main part of the healing art as such, the *indicatio*, the connecting link between science and practice, that part which, more than all others, employs the physician's ingenuity, to a mere arithmetical problem of "*covering the symptoms*" — we believe that such an one will seldom come to any terms of understanding with the "*empiric, eclectic, and other medical schools*."

He will neither have the power nor the will to claim for Homœopathy what is due to it out of the boasted success of this school, nor will he be able to appreciate the frequent practical hints which the *empiric*, however unconsciously and unscientifically, may give. But, we ask, must we, because we are in possession of a great treasure, being convinced of the *homœopathic* "*law of cure*," squander the treasure indiscriminately, and despise all other laws of nature? Should we not rather,

like the prudent man, put that treasure out at interest, and endeavor, from other mens' success and experience, to prove the truth of our doctrine, improving and purifying it at the same time ?

Besides, referring to the early annals of our school, and observing Hahnemann's first proceedings, in dissenting from the tyranny of the old school, do we not find that he arrived by the inductive process, by experiments, and not by intuition, at that degree of conviction, which made him give to the world the new theory of *similia similibus*. Is it not therefore possible, that by an independent investigation of nature, further "*laws of cure*," may come to our knowledge, which should be equally welcome to the homœopathic *scholar*, as they in reality would make their way by their own merits into the practice of the *physician* ? The object of the homœopathic physician in curing his patients, ought not to be to extol homœopathy and to prove and illustrate its virtues, as it seems to be with some, if we may judge from their blind worship of Hahnemann ; but while he makes use of the homœopathic law of cure as far as possible, the highest aim and ultimate end of all his efforts and proceedings ought always to be the cure itself. The human mind, from experience, forms rules, out of rules composes theories, and these again are put together into systems. Now, when we see that almost every physician, after some years of practice, will in his peculiar way, form some *rules* of treatment, we find, that there are only a few who will in a scientific way come to the philosophical consciousness of their rules ; still fewer, who publicly put them down as theories, and that it requires perhaps the lapse of centuries before a man of genius will arise, to build up a new *system* altogether.

Such a genius, then, does the mental work of millions before him, for centuries after him. That which appeared in the minds of a few before, as dim visions and confused dreams, he in that peculiar self-reliance puts down as reality, and thus his "*latent conviction becomes universal sense* ;" still, he does

all this in his individual way : and his system, though ever so brilliant, being the work of man, is liable to error withal. Thus appears Hahnemann in his foundation of homœopathy. But we say, that pardonable and even laudable for various reasons, as it seems in him, after having by laborious experiments and deep investigation, step by step put link to link in his chain of theories, and finally formed his system, to persevere in it unalterably with firmness and even with rigidity, yet it is *our* duty to hold to the simple truth in homœopathy, and not only to develop and carry it out, but to improve and purify it. If this be not done, homœopathy, destined to become a great lever in the rise and reform of modern medical science, would soon lie upon it as a dead weight. Therefore let us not, in practice, neglect to profit well by the advantages which homœopathy affords us, without however expecting *always* to perform cures by it ; neither let us, in *science*, neglect to carry out and appreciate more and more the principle of the “ Homoion,” without however losing sight altogether of the theories of other schools.

In accordance with such principles we expect to be justified in occasionally giving in this homœopathic journal, reports of what is said and done by the “ *empiric and eclectic schools of medicine*,” as they appear in different parts ; and in endeavoring to show where the homœopathic principle, perhaps under a feigned name, has been acting, thus claiming what is ours, and also to place in their right relation to homœopathy, therapeutical facts, ascertained by investigation and experiment, independent of the pathological notions of the old school.

In pursuance of this plan, we begin in the present number of this Journal with a critique, translated from the *Hygea*, upon the system of *Rademacher*, showing its peculiarities and its relation to homœopathy. — *Eds.*

RADEMACHER'S EMPIRIC SYSTEM OF MEDICINE, AND
ITS RELATION TO HOMŒOPATHY.

BY DR. REIL, OF HALLE.

First Part.

RADEMACHER'S "Empiric"* System has produced an impression upon the two principal sects of the medical world, which, if it does not prove in an unqualified manner the excellence of his work, yet shows beyond a doubt its importance. Among the members of the old school, this book has been received with a contemptuous shrug of the shoulders by the thorough-going dogmatist, and with warm enthusiasm by the practical physician. Both extremes are prejudicial to the cause of truth, and to the progress of inquiry, and the number of physicians of the old school is small, who have rightly comprehended the intentions of Rademacher, and who have taken the trouble to advance in the path obscurely pointed out by him.

Rademacher's book has been far more generally and more justly appreciated by homœopathic physicians. They have triumphed in finding that he, guided by experiment and practice, has arrived at conclusions similar to those at which Hahnemann arrived as the result of his speculations. To them the observations and the suggestions of Rademacher are so much the more instructive and valuable, as they better understand how to explain them than he himself, because in them they find very strikingly manifested the truth of their motto, "*similia similibus*." Hence they have unweariedly labored to separate the wheat from the chaff of Rademacher's book, that they make use of the former. This Kurtz has

* Throughout this article, the word "empiric" is used in its true, primary sense, *i.e.* "that which is based upon experience and not upon theory." The word has so long been used as a synonyme of *quack* that this explanation seemed necessary.—*Ed.*

lately endeavored to do in his extracts.* As his object, however, was only to specify the medicinal articles mentioned by Rademacher, with the mode of employing them, no one has hitherto subjected the maxims of the author to a critical examination. I therefore think the time will not be misspent which I may employ in presenting to my honored colleagues the fundamental maxims of Rademacher, and in showing their relation to homœopathy.

Johann Gottfried Rademacher, who has been a practising physician fifty-two years, lives at *Goch*, upon the Prussian Lower Rhine. Thus he owes his medical education to the close of the last century. Though we are not able to state confidently to which of the mutually subversive medical systems of the eighteenth century he did homage, yet we know, from his own mouth, that it was in Jena, under his teacher Hufeland, that he graduated, and that he wrote his inaugural dissertation, upon "*The supposed difference between Rheumatism and Gout*," (II. 564†); also, that he was a great enemy of the *irritation theory*, (II. 580.) His present knowledge of anatomy and physiology is proportioned to the then state of these sciences; of pathological anatomy he is almost entirely ignorant, and we are often astonished at the *naïveté* with which — in order to avoid confirming his diagnosis by dissection — he excuses himself from performing the latter, on account of the state of the weather or of the roads. He does not, by any means, however, hold in contempt the medical doctrines of the new era; on the contrary, he regrets that he has not been able to keep pace with the times.

As regards his pathology and therapeia, he was no great friend of the doctrines promulgated by the so-called *rational school*. The idea conveyed by the term, "*rational school*," is not, he confesses, very clear to his mind, and he calls their

* Oesterreichische Zeitschrift, f. Hom. V. I., No. 2; and Allgemeine Homöopathische Zeitung.

† The references are to the 2d edit. Berlin, 1846. *Ed. Hygea*.

system one "in which there is much cross-reasoning," "*in welcher viel kreuz und quer räsonnirt wird*," (II. 624, note.) He early abandoned the *high school* as a *skeptic*, (preface, iv.) and, like his highly-honored teacher, Hufeland, adopted the *eclectic system of practice*, (II. 747.)

In the year 1815 began a new era in his practice. He stumbled accidentally upon a remedy not mentioned in the books of the apothecary, and whose "*truly wonderful action led him to the suspicion that it might be one of the famous chief-medicines of the old iatro-chemical sects*," (Preface, iv.) From curiosity rummaging among the writings of *Hohenheim*, he found his suspicion confirmed, and was thence seized with the desire of thoroughly studying his writings, and of enlightening their obscurity. That he succeeded in this he gives circumstantial proof, in his clear and comprehensive representation of the medical experience of the old chemical secret physicians, (in the 1st vol. of his work.) After having made himself acquainted with their doctrines he had no hesitation in putting them in practice at the sick-bed, and was successful beyond his expectation. He now became thoroughly *Paracelsized*, and declares (Preface, v.) "*as an honest man, that he had learned more from Hohenheim than from all the physicians who lived before or with him*."

Hohenheim, who is, both in a scientific and moral point of view, so much misunderstood and underrated, has in Rademacher a warm and most eloquent defender; we owe him our most sincere thanks for his thorough investigation and critical treatment of the materials which came into his hands, from the works of Hohenheim and his followers.

His experiments, made in the spirit of the school of Paracelsus, he carefully designates, "*as recreation from business*," (Pref. viii.) in order "*to impart to his young colleagues something from his experience*," and he offers them to the latter, with the counsel that they should "*prove every thing and choose the best*," (II. 748.) That his book bears the stamp

of perfect uprightness and truth every one may see at the first glance.

Without undertaking to show how far Rademacher has become more or less *Paracelsized*, let us rather turn to the fundamental maxims of his empiric system, to his medicinal articles of faith, as he has presented them in different parts of his book, in order that we may then be able more easily to compare them with those of homœopathy. I shall not probably be reproached for having chosen for this collection the title of "*Organon*."

The maxims which I have found in his book are arranged in paragraphs, though they are not so presented by him.

Rademacher's Organon.

§ 1. *Disease* is a condition of life, peculiar, and lying beyond the bounds of our intelligence, (II. 3.)

§ 2. What is called *disease*, if it be not removed by nature alone, or by the aid of art, will sooner or later extinguish the proper life of the diseased body, (II. 565.)

§ 3. *A disease*, (specifically) is a group of symptoms manifested externally by deranged action of individual organs, and, to the patient, by a disturbance of the healthy sensations. It is thus the sensible revelation of the unknown or the incognizable, which (unknown) we call *disease* (in general,) (II. 3.)

§ 4. Those groupings of *symptoms*, *arbitrary*, *nosological forms*, to which most physicians have given Greek or Latin names, should be cast aside; for this reason,—that they have sprung from mere empiricism, which is much more likely to impede than to advance the progress of the true science of medicine; they are of no practical utility, (II. 563, *et seq.*)

§ 5. *Purely empirical forms of disease* are those which are based upon a knowledge whether one organ, and if so, what one, is primarily diseased; whether it is the entire

organism alone, or the latter in connection with a primarily diseased organ. *This form-knowledge is quite indispensable to the practitioner*, (II. 565.)

§ 6. Of the *essence* of such a form of disease we are able to learn nothing, except by means of observing its *relations to the external world*; to wit, by observing whether it is aggravated or mitigated by the influence of external agents, accidentally or designedly brought in contact with the organism; that is, whether the operations of the organism and the feelings of the patient become, under their action, more or less abnormal, (II. 566, 567.)

§ 7. The four ways in which, according to the old school, one may attain to the knowledge of a disease, are the following:

(a.) Investigation of the causes of the disease.

(b.) Observation of its phenomena.

(c.) Observation of the epidemic constitution.

(d.) Observation of the effects, beneficial and injurious, of medication, (II. 568.)

(*ad a.*) The study of causes (for this purpose) is mere folly, (II. 574.) In no instance can we decide upon the form of the disease from the causes which produced it, (II. 575.) The only practical use of such study is, that it enables us, in some cases, to avoid these causes, (II. 576.)

§ 8. (*ad b.*) Anatomy, which has taught us the intimate connection between the brain and the ganglionic system, had already led us to suspect, that by the observation of phenomena we should succeed ill in judging of the particular organ affected. This suspicion has been confirmed at the sick-bed, (II. 584.) Phenomena, *symptoms*, do not directly lead us to knowledge, but they conduct us back by an obscure path, which, if we follow it with circumspection, will end in knowledge, (II. 587.) Since symptoms are based upon the immutable laws of nature, immutability must be predicated of them, as a principle of medical science, (I. 114.) *Anam-*

nesis is, especially in chronic diseases, very important; sometimes, however, it is vain and uncertain, (II. 593.)

§ 9. (*ad c.*) From the character of the *epidemic constitution* to judge of the nature of the disease to be investigated, is a *petitio principii*, (II. 596.) The observation of the *morb. stationarius* (which, however, in its *essence* often changes,) is of great practical utility, (II. 599.) The *morb. stat.* also often changes the form, which changed form can again be recognized by individual prominent symptoms, (II. 601.)

§ 10. (*ad d.*) Therefore the only knowledge which we have with regard to the essence of a disease, is a knowledge of the medicines with which it holds direct relations, (II. 567 and 612.) — All diseases are to us still unknown, until we have found the proper remedy for them, (II. 612.) — There are as many diseases with which we may become acquainted as there are remedies in nature, (I. 131.)

§ 11. As the chemist employs re-agents in the study of material substances, so the physician must endeavor to discover the nature of a disease by the use of tests, (II. 612.) If we have a probable suspicion with regard to the nature of a disease, we bring into connection with the organism rather those medicinal substances which do, than those which do not harmonize with our suspicion, (II. 612.)

§ 12. Since the curative action of the medicine is according to the fixed laws of nature, so we must attribute immutability also to this, (I. 128.)

§ 13. The *how* of the curative action of the remedy lies beyond the bounds of human knowledge, (I. 131.) At the utmost, we can only venture upon a more or less ingenious explanation of the antagonistic agents, and of the *modus* of their action, (II. 551.)

§ 14. From the effects which, whether injurious or otherwise, are produced by medicinal substances upon the well, little can be learned with regard to their action upon the sick, (II. 513.)

§ 15. Medicinal substances are divided into noxious and innoxious, though the exact distinction between the nocent and the innocent has never been clearly established, (II. 515.)

§ 16. The most common noxious medicines are *Quicksilver, Lead, Digitalis, Opium*; but we can cure with them. Emetics, laxatives, and venesections are also nocent agencies, (II. 516, *et seq.*)

§ 17. *It is foolish to expect to cure the diseased body by the same medicines which would make a healthy one sick* (II. 517.)

§ 18. Medicines which in the sound body produce no manifest effects, (even when given in large doses,) may be very efficient when employed in disease, (II. 518.)

§ 19. It is therefore foolish to give medicines to the sick in those doses in which they may be taken by a healthy person without injury, (II. 517.) — The size of the dose is in subjection to the epidemic constitution, (I. 102.)

§ 20. In the human body the *entire organism* must be distinguished from the individual *organs*. *The former is the something in the living body, which, when diseased, is not subject to the curative power of any remedy which acts upon the organs*, (II. 2, and 178.) — The physicians of the different schools and periods have called this unknown something, now an inflammatory, and then a sthenic condition, now weakness, now putridity, and again *ataxia nervorum*, &c.

§ 21. Hence medicines are divided into “*universal remedies*,” and “*organ remedies*” (*universalmittel* and *organmittel*.) — A “*universal remedy*” is one which will restore to a normal condition that which, when diseased, is not subject to the curative power of an “*organ-remedy*,” (II. 1.) — An “*organ-remedy*,” is one which will cure a diseased organ.

§ 22. There is no certain sign by which we may distinguish a *primary affection* of the organism from *consensual* affections, (II. 10.) — Irregularity of the circulation is no certain, distinctive sign of a primary affection of the organism, (II. 11.) — It would have been a hundred times better for the art of

healing had the word *fever* never been introduced into medicine, (II. 213.)

§ 23. The three “universal remedies” are : *Nitre*, *Copper*, *Iron* ; that is, there are three primary affections of the organism, of which one is subject to the curative power of *Nitre*, one of *Copper* and the third of *Iron*, (II. 15.)

§ 24. There may coëxist in the body a primary disease of the organism and a primary disease of an organ, (I. 136, II. 3.)

§ 25. The empiric physician is acquainted with as many diseased states of each organ as he knows remedies for these diseases. So, as regards the liver, there is a *chelidonium* — a *nux* — a *quassia* disease, &c., (I. 132.)

§ 26. There is a curative power in nature ; nature cures,

1. *Indirectly*, (a.) by producing diseases in other consensual organs ; (b.) by exhaustion of the whole body.

2. *Directly*, either in diseases of the organism or of the individual organs.

Of the *how* of such direct cures we have no knowledge, (II. 552 – 558.)

Having presented as clearly as possible, in distinct maxims, the fundamental principles of Rademacher's system, let us compare them with those of homœopathy.

All of us, I think, will freely subscribe to what he says in the first six paragraphs, with regard to the essence of disease in general, and to specific diseases. We must maintain, with him, that the attempts, made within a thousand years past, to explain the nature of life, health, and sickness, have failed to remove the darkness which envelops these subjects ; with him we are also convinced, that future hypotheses, hurled down upon us *ex cathedra*, will throw no light upon them.

When Rademacher declares further, in paragraph 7, that the medicinal investigation of causes is for the most part mere folly, and, in § 8, that symptoms often lead us astray in our diagnosis, and also, that *anamnesis* is often of great importance, we

acknowledge unconditionally the truth of the first and third maxims, but not so readily that of the second, as he has contradicted himself in the three maxims of § 8. Symptoms certainly often lead us in a wrong direction, and the failure of the best selected remedies (according to knowledge) to produce the effect expected from them, often gives us a clue to the right diagnosis when deceived by symptoms. In such cases, however, with us, as also, though perhaps in a less degree, with Rademacher, the mistakes are more easily remedied than among the followers of the old system, since we, quite as little as Rademacher, from these symptoms draw a fancy sketch of the probable pathological condition, to counteract which an equally fanciful method of cure must be introduced. How far the homœopathist has also an advantage over Rademacher in the choice of remedies in these cases, we will consider hereafter. The contradiction in his maxims lies in this: he attributes immutability to symptoms, because they are based upon immutable laws of nature; at the same time he declares they are of no practical value, and are only guides *through a dark path*. Rademacher's neglect of the external indications of disease is undoubtedly to be attributed in part to his ignorance of physiology and pathological physiology, *through which sciences symptoms first become of practical value*, and in part to his want of acquaintance with the criterium of the homœopathic choice of remedies.

Rademacher goes on to say, in § 10, that the only knowledge which we have of the essence of a disease is, a knowledge "*of the remedy with which the disease holds direct curative relations.*" In diseases of the liver, therefore, he sees no congestion, no sub-inflammatory condition, no affection of the substance of the organ, of the gall-ducts or of the peritoneal covering, since he discards all nosological forms (§ 4,) as also do we; but he regards the affection, according to previously acquired experience and in reference to the *genus epidemicus*, either as a *Chelidonium*, or a *Carduus marianus*, or a *Nux vomica*

hepatic affection; that is, as one of which he can predicate with tolerable certainty that it will be removed or lessened by the exhibition of *Chelidonium*, *Lady's thistle* or *Nux vomica*.

What then do we, homœopathists? Any otherwise? *I think we do precisely the same.* Having "diagnosed" (to use the expression of the old school) a disease of the liver, there is spread out before our mental vision the complexus of symptoms, that is, the specific sphere of effects, produced by those remedies which stand in the closest possible relation to the disease, and thus to the complexus of symptoms which we perceive in the patient with our bodily eyes; and according as the symptoms produced by *Nux vomica*, *Belladonna*, *Rhus*, *Bryonia*, &c., resemble the latter more or less, we choose one or the other medicine, with far more confidence than the old school physician gives his *Calomel* in accordance with his notion that this article possesses "solvent," "antiphlogistic," or other virtues.

Rademacher's idea of a *direct certain relation between a diseased condition and medication*, is thus identical with our doctrine of the *specific operation of medicines*. We arrive at the same conclusion, however, by different routes; Rademacher by reasoning *a posteriori*—*from practice in disease*; the homœopathist, *a priori*—*from effects upon the well*.

We cheerfully coincide with Rademacher in his commendation of a thorough study of the *genus epidemicus*,* (§ 9.) Every practitioner has undoubtedly more than once found, that during the prevalence of certain apparently epidemic symptoms, for a considerable time the same remedy would cure in the most diverse individual cases, and might be resorted to almost with the eyes shut. The next year the same remedy will be useless against symptoms apparently the same as those of the preceding year, and another article displaces the first. Who has not experienced this in the treatment of scarlatina, and still more, of epidemic hooping-cough and summer diarrhœa?

* J. J. Schelling has, in many parts of the *Hygea*, shown the importance of this to the homœopathist.—*Ed. Hyg.*

Rademacher mentions, in this connection, the difficulty which the changing *genus epidemicus* throws in the way of selecting the right medicinal substance. This difficulty is much greater for him than for us, since we have the advantage of a more comprehensive knowledge of *materia medica*.

Paragraphs 10 and 11, give us an excellent opportunity to compare the empiric system with the homœopathic, since, in connection with a true maxim common to both, there appears here the chief difference between the two. While, as we have seen, in the selection of the remedy both practitioners are guided by peculiar and in some respects similar ideas, yet in spite of this similarity, there is here a very marked difference in the fundamental maxims. "As the chemist," says Rademacher, "learns the properties of a material substance by means of reagents, so the physician must seek to ascertain the nature of a disease by means of tests." This can naturally refer only to newly appearing forms of disease, the nature of which has not yet been made known to us by successful treatment (to use Rademacher's language.) In such a case we must, according to him, test individually the remedies which in analogous cases have done good service, until we find the right one. But if the right one is not found among them, *what then?* Rademacher ought to have given us the answer to this question, but has not done it. Though in the maxim, "*If we have a probable conjecture concerning the nature of a disease, we should bring into relation with the organism rather that remedy which is indicated by the conjecture than that which is not,*" the principle, according to which a selection is to be made, coincides with that of the homœopathist, yet the maxim gives us no clue by which to be guided, in case the remedies which have thus far been tested upon the sick, fail to act as desired. We are then compelled either to exchange farewells with the empiric system, because experience has left us in the lurch, and to fall back into the path of the rationalists, or to give up the case to nature, (I. 661,) *because a disease is not cog-*

nizable by our understanding until we have found its remedy, (§ 10.)

Naturally this has often occurred to Rademacher himself. As, for example, he knew no remedies for liver disease except *Carduus marianus*, *Nux vomica*, and *Chelidonium*, when these failed to act, his Latin was at an end, the cases went badly or slipped through his fingers, until a lucky, often truly marvellous accident cast into his fettered hands the proper remedy. Thus it happened to him with — among others — *Quassia* (I. 155,) and *Aqua nucis vom.* (I. 189.)

In short, Rademacher is without any criterium whatever for the choice of remedies, since in accordance with his maxim of testing them in disease, he can have recourse only to those which have cured in other similar cases. But the number of such remedies is very small, and the treasury is not unfrequently exhausted. The first disciples of Hahnemann were indeed often in a like difficulty. The number of proved medicines was naturally at first but small, and though the practitioner possessed the criterium, "*Similia similibus*," yet it frequently happened that he failed in all his attempts to find the simile of the disease before him, because it was not yet known.

Rademacher, also, is very conscious of this deficiency, and urges to further investigation, since he counsels the physician to observe the action of medicines upon the organs in disease, (II. 627.) But the plan of testing medicines at the sick-bed is both tedious and unprofitable, even if not unjustifiable; yet this is the only one advocated by our author.

To the curative operation of the remedy, as well as to the symptoms, is immutability attributed, (§ 12,) because this operation is according to fixed laws of nature. By this Rademacher means, that a medicine which affords relief in a certain diseased state, (not in a nosological "form,") will afford the same relief a year and a day afterwards in the same diseased state, and under the same conditions and circumstances.

We homœopathists are still more confident of this immutability of medicinal operations, because, by testing the remedies upon sound men of the most various constitutions, we have learned their constant, *unchangeable*, positive action.

In relation to the *how* of the curative action of medicines, Rademacher has the candor — and we could expect no less from him — to confess that it is beyond the bounds of our knowledge. Would we be as upright as he we must say the same; since, however much genius and talent have been or may be exercised, in endeavoring to explain the *rationale* of the cure under the principle, *similia similibus*, all such attempts are only hypotheses.

We find an explanation of Rademacher's rejection of the homœopathic criterium for the choice of medicines, in paragraphs 14–18. He rejects entirely (§ 14,) *all investigation of the noxious or innoxious action of medicinal substances upon the well, as affording no aid in the choice of a remedy for disease*. Here is the great difference between him and the homœopathist; the latter depending chiefly upon this very kind of investigation which the former condemns. The author has no idea that by such investigation any thing else can be learned, than merely the “noxious” or “innocuous” action of medicines upon the organism; and though he concedes (§ 18,) *that articles which produce no noticeable change in the healthy body may yet be very active in disease*, yet he declares, (§ 17,) *it is foolish to expect to cure the sick by the same medicines which would make the healthy sick!*

Near as Rademacher — though quite unconsciously — sometimes approaches to the *principium* of homœopathy, he is far distant from it here. He is also inconsistent with himself, since at one time he says, (§ 15,) that we can have no exact idea of the distinction between nocent and innocent substances, and that cures may sometimes be effected even by the most noxious, as *Mercury*, *Lead*, *Digitalis*, *Opium*, (§ 16); and then, (§ 17,) he implies that only such medicines should be

employed, as do not produce *any injurious* effect upon the sound organism. How he arrived at this doctrine of the innocuousness of medicinal substances, namely, by experimenting upon his own sound body, we shall see by the following examples.

He found, after trying it upon himself, that *Cochineal* is innocent (I. 342); so also *Aqua nicotianæ*, which, in doses of 30–40 drops, produced no unpleasant effects either in the stomach or head, (I. 662.) *Stramonium* caused only a disagreeable dryness of the mouth, (I. 676.) *Chloride of silver* he also calls innocuous, because he took one grain four times a day, without any other effect than a slight increase of the alvine discharges, (I. 679.) *Oxide of zinc* he inserts in the same list, although by his own trial of it upon himself, (I. 685,) he might have been convinced of his error, since, when taken in the morning in doses of 15 grains, it caused much flushing of the face, *sleepiness, nausea, and diarrhœa*. In the most persevering and remarkable manner did he prove that *Cupr. oxyd. nigr.* was entirely without activity, so far as he was concerned, (II. 346); for eight days he took daily in the morning 15 grains, then for three weeks daily 4 gr.; and again for eight months daily the same dose, without the least derangement of his health. His body must either have possessed a peculiar insensibility to this agent, or else the preparation which he used was worthless, however great curative effects he may have seen produced by it.

Such insufficient experiments evidently could afford no proof with regard to the noxiousness or innocence of a medicinal substance; still less could they decide its sphere of action. It was enough for him to know, “*I am not absolutely poisoning the patient.*”

If now we ask, whence Rademacher obtained his knowledge of this or that remedy, he shall answer for himself: The use of *Carduus* as a remedy in liver complaints was suggested to me by Stahl's Dissertation; I stumbled upon *Quassia*, having

ordered it *ut aliquid fiat*; the heretofore despised *Chelidonium* I employed, because Ettmüller commends it in pestilential fever; I accidentally became acquainted with the virtues of *Crocus*, having combined it with medicines merely for the sake of its color; *Acorn-water* was recommended to me by a quack surgeon; the value of *Calcar. muriat.* in vomiting I inferred from the good service it had before done me in the treatment of old ulcers and external affections, (I. 241)!! I am indebted to chance for tobacco, and *Natrum nitricum*; many other remedies I have obtained from the old secret-physicians. Such are his statements!

Thus he owes his remedies for the most part to the merest accidents, or to the most superficial reasoning; then according as they exert a curative influence over this or that organ, they are distributed among the organs, as liver, spleen, kidney, &c., remedies.

This theory sometimes leads him to very peculiar conclusions, when his remedy fails to act as he expected. Thus we often read, for example: *because*, all my known liver-remedies failed, I inferred that the case was an affection of the spleen or the kidneys; this diagnosis was confirmed by the fact that the patient was cured by a remedy which had once proved serviceable in an affection of the spleen or kidneys. Again, we read: the fact that all my *organ-remedies* have proved inoperative, induces me to believe that the patient is suffering with an induration of the mesentery, (I. 319.)

How far Rademacher is right in calling such and such articles "organ-remedies," will be considered more fully in the second part of this critique. As regards some medicines, *Chelidonium* and *Nux*, for instance, as "liver-remedies," their specific or local action is evident at the first. The same is learned in the case of others only by comparing their physiological effects with the diseased symptoms which they remove. Of others, again, we can as yet say nothing, as they have not been sufficiently tested upon the well.

What Rademacher says regarding doses, touches upon a subject that has always been considered of great importance in homœopathy, but which has of late given rise to the bitterist disputes, and has by some mystics been unjustly held of more consequence than even the fundamental maxim of the system. We find in Rademacher a great friend of *small doses*, since he, like the homœopathist, starts from the maxim, that, *as an effect of disease, the organism becomes much more susceptible to the action of the fitting remedy*, (§ 517.) At the same time also he believes, with Paracelsus, that the size of the dose must be varied with the epidemic constitution. “*At one time,*” says he, “*we give the full dose of a medicine with evident good effect ; at another, in apparently the same disease, must we employ the $\frac{1}{4}$, $\frac{1}{16}$, or even the $\frac{1}{32}$,*” (I. 102.)

Rademacher speaks of homœopathy in this connection ; and though he says he does not imitate exactly the minuteness of the homœopathic dose, yet he does not deny that the time in which he lives has had an influence upon him, since Van Helmont first impressed upon his mind the idea, “*small doses may produce great effects,*” (I. 176.)

The explanation which Paracelsus gives of the curative power of small doses, and which is adopted by Rademacher, is peculiar and good. He compares it to a spark of fire : “*As a single spark,*” says he, “*may set a large pile of wood, or even a whole forest, in a blaze, so a very small dose of medicine may overpower a great disease. Quemadmodum ergo,*” continues he, “*scintilla hæc sine pondere est, sic medicamentum, quod administratur, quantulocunque pondere sufficere debet ad actionem suam obeundam.*” [“*Wherefore, as the spark is without weight, so the medicine which is administered in ever so small a weight, must be capable of producing its appropriate effect.*”] A genuine homœopathic maxim, which Rademacher also says has a very significant bearing upon homœopathic imponderable and immeasurable doses, (I. 103.)

It has excited great rejoicings among the one party of homœopathists and great mortification among the other, to see how much more clearly Rademacher has perceived the true relation of the question of doses to the homœopathic theory than have the mere imitators of Hahnemann. While the latter have magnified this into a chief question, and have rather trampled upon the "*similia*" maxim, Rademacher clearly separates nosology from homœopathy, since he says explicitly, (I. 176, note,) that the fact that "*imponderable and immeasurable doses may produce extraordinary cures, when the relations of the body to the external world are so changed by disease as to fit it for such effects, has not the least bearing upon the so-called homœopathic theory.*"

As homœopathy has taught us to do, so Rademacher counsels his readers, to *individualize* as regards doses, increasing or diminishing them according to circumstances; this we find he does in his recommendation of individual remedies.

In comparison with the ordinary (allœopathic) doses, those which he gives are certainly very small. Thus he gives, for example, 1 scr. of the Tincture to 3vj. hourly 1 spoonful, or 2-3 drops 4-5 times, or 4 times 1 drop in $\frac{1}{2}$ cupful of water, (I. 157, *et seq.*)

If we find that Rademacher approaches the homœopathist in his doctrine of doses, still more is this true as regards his *mode* of administering medicines. He is no friend of combinations, but employs simple medication; that is, he exhibits but one medicinal substance at a time. In some few cases, sanctioned by his own individual experience, he deviates from this rule; for instance, he uses the *Durand* mixture, and combines *Calcar. mur.* with *Chelidonium*, *Nux vom.* with *Assafoetida*, *Catechu* with *Ammon. mur.*; especially does he permit mixtures when there is a combination of primary disease of the organism and of an individual organ. In some *rare* cases he even allows the combination, or the co-exhibition of two "organ-medicines," of which one is intended to cure existing

disease, while the other is a *preventive*, given to oppose any tendency to primary disease in some other, sympathetically affected organ (II. 497.) — This is manifestly a relapse, which smacks strongly of the old school! — He is also, and with justice, in favor of a peculiar species of medicinal combination, namely, that of an active medicine with some inert, mucilaginous substance, “*in order to avoid irritation of the alimentary canal*,” (II. 495.)

The “*syroping*” of medicines he strongly condemns in the words of Bagliv, (II. 496); extracts also he discards, “*because from many medicines used in this form no uniform action can be expected*,” (I. 171.) Next to the decoction and the *Aq. destillat.* his favorite forms are the *tincture* and the simple *solution*. That in this he has taken Hahnemann for his guide he does not indeed say, yet we cannot avoid the suspicion, when we observe that his directions for the preparation of tinctures are almost identical with Hahnemann’s. For example, in the case of *Chelidonium*, he orders that to the freshly expressed juice just so much alcohol shall be added as will make a clear solution, and thus secure it against decomposition, (I. 171.) Or, he mingles equal parts of alcohol and the juice, (II. 778.) His directions for making other tinctures, as of *Artemisia*, *Nux vomica*, are similar to the prescriptions of Hahnemann.

As regards Rademacher’s use of *Aquæ destillat.*, I will venture to say, that he is not far from right in his conjecture, “that with many substances the peculiar medicinal principle can be separated by distillation from the bitter principle,” (I. 188.) Every one who will make the trial will find that the *Tinct. quass.* can readily be distinguished from *Aq. quass.* by the smell, the former being quite odorless, and the latter having in a high degree the peculiar *Quassia* odor; while the former is also extremely bitter, the latter possesses scarcely any of this property. To the comparative effects of the two preparations upon the sound body I will hereafter refer.

In § 20, *et seq.*, Rademacher enters upon a subject which has ever been a source of great difficulty to the theorists of all medical schools, namely, the derangements, whether sympathetic or primary, not of individual organs but of the entire organism. He is here thoroughly “Paracelsized,” and his doctrine of diseases of the organism, and of universal remedies, he has drawn from “the obscure hints of this master, (I. 91.) In rejecting all nosological *termini technici*, and in his just condemnation of the term “fever,” he has also declined giving any definition of the organism and of its affections, (II. 2) ; thus we can only conjecture what are his ideas with regard to them, from observing his use of the universal remedies.

Hysteria, odontalgia, erysipelas capitis, inflammatory diseases, angina, glossitis, laryngitis, ophthalmia, pneumonia, hepatitis, acute exanthema, delirium tremens, dysentery, tussis, acute rheumatism are, according to him, “*Salt-petre* diseases.” In like manner, inflammatory affections, angina, ophthalmia, glossitis, pleuritis, scarlatina, delirium tremens, tussis, dysentery, phthisis, diarrhoea, spleen and liver affections, hypochondria and hysteria, hæmorrhoids, menstrual derangements, pollutions, rheumatism and gout, sciatica, scurvy, dropsy, stand under the rubric *Iron*. As “*Copper* diseases,” we find pains in the head and face, chronic glossitis, apoplexia, paralysis, croup, angina, scarlatina, tussis, phthisis, paralysis pulmonum, pleuritis, jaundice, diarrhoea, dysentery, deficient labor-pains, dropsy, rheumatism, gout, hæmaturia, chronic cutaneous eruptions, helminthiasis. Verily, a labyrinth of diseases with a cobweb to guide us through it, which breaks before we have grasped it. Each of the three universal remedies cures, as we have seen, the same diseases ; inflammations, consumptive and nervous affections yield alike to *Copper*, *Iron*, and *Nitre*.

It cannot be denied that there is a “red thread,” running through the three divisions of “medicine diseases,” and Rademacher himself allows us to see clearly enough what it is. The old school “inflammatory affections” have the closest corres-

pondence with the salt-petre-diseases, though the iron and copper may have some relation to them. Rademacher acknowledges this (II. 179,) but says in relation to it, "I leave to the old school their inflammatory word, and employ instead of it my practical term, salt-petre-affections." Deficiency of *Uric acid* and excessive alkalescence of the urine, evident loss of muscular power, pale, dirty-white color of the palate, black or dark-violet spots upon the skin, with sharply defined boundaries, (II. 211, *et seq.*) Rademacher says are strong indications of *Iron*; but they have relations also with *Salt-petre* and *Copper*. We see that he treats with *Iron* most of those diseases which, according to the language of the old school, show a want of plasticity and of tone.

With regard to *Copper*, Rademacher declares (II. 354,) that "he knows no diseases which indicate distinctively the copper-affection; but, on the other hand, all forms of disease may be manifestations of it."

Thus the sanguineous and nervous systems, the muscular tissues, the serous and mucous membranes, the functions of nutrition, organization, &c. are the factors of that *ignotum* in the human body, which Rademacher designates by the term, "entire organism." As morbid affections of this, we have chiefly the diseases of those systems which are coëxtensive with the body. In another place, (II. 478,) he calls that part which is affected in diseases of the organism, the primary tissue, (*Urgewebe*,) but excuses himself from pursuing his inquiries further in this direction, because, as he says, the *Urgewebe* is for us an unknown land, "into which our imagination may indeed penetrate, but where our bodily eyes cannot follow." But since all the individual organs must be composed, in part at least, of the primary tissue, it follows that every organ-remedy must be promoted to the dignity of a universal remedy.

With regard to the sphere of action of the different universal remedies we find (II. 478, *et seq.*) a few aphoristic hints, to which I will hereafter revert. The insufficient indications for

the choice of these, also the (according to Rademacher) frequently occurring combination of a primary disease of the organism with a primary disease of an individual organ, also the simultaneous existence and mutual interchange of two primary diseases of the organism—all these circumstances render an attempt to practise according to the rules of this system, not only difficult, but in many cases quite futile. It is evident at a glance that Rademacher's system is prejudicial to simplicity of medication, since, as we have seen above, he allows the combination of two remedies, (II. 497,) in such circumstances as those mentioned, and thus comes back to the hodge-podge which he had condemned. Again, though such mixtures as *Nux vom.* and *Asafœtida*, *Natr. acet.* and *Aqua Nicotian.*, *Nux vom.* and *Cuprum*, *Calcar. acet.* and *Chelidonium*, *Catechu* and *Sal ammon.*, *Virga aurea* and *Onon. spinos.*, *Nicotiana* and *Ferrum peroxyd.*, *Stramonium* and *Ferri acet.*, may have wrought cures in individual cases, after each remedy, given by itself, proved of no avail; yet it does not follow that the same compound would infallibly cure in precisely similar cases. We are also ignorant what part each of the ingredients took in effecting the cure.

The statement should be made with caution, even if it may not be positively denied, that a remedy, produced by such a combination may often be the specific remedy adapted to the disease.

To what conclusion do we now come from this cursory consideration of the Organon of Rademacher's empiric system? We agree with him in his condemnation of the term *fever*, and also in the opinion, that there may be disease of the human body without any prominent primary affection of an individual organ; we also find the fundamental maxim of homœopathy established, by a consideration of the diseases cured by the individual universal remedies, (of this I shall give proof hereafter); but trying Rademacher's doctrine of universal remedies by our own fundamental principle, we must

cast it aside in general, though there is some truth lying at the bottom of it. It is a confused mixture of ideas, true, half true, obscure, and false, into which he has been carried by his deficient acquaintance with physiology and pathology, and by his imitation of the Paracelsists.

The last paragraph (§ 26,) touches upon a point with regard to which there is no uniformity of opinion among ourselves. Every homœopathist knows the obstinacy with which some who might be named among us, deny the existence of a *vis medicatrix naturæ*, while by far the greater number strive to prove its reality. I myself belong to the latter class, and I consequently agree with Rademacher, finding nothing to which to object in what he says upon this point.

If now we lay side by side with the principles of homœopathy, the doctrines of Rademacher, as we have drawn them from his book, we find,—

A. Both doctrines agree essentially in the following points :

1. in condemning all nosological forms ;—
2. in employing those remedies which hold relationship to the disease to be cured ; *i. e.* according to Rademacher, organ remedies ; according to the homœopathic school, specific remedies ;—
3. in employing only a single remedy at once ;—
4. in the form of its exhibition ;—
5. in believing that even very small doses of the fittingly chosen remedy may act efficiently.

B. Rademacher's doctrines are diametrically opposed to those of homœopathy, in that,—

1. he maintains that experiments, the object of which is, to ascertain the positive action of medicinal agents upon the sound organism, are of no practical utility ; and
2. that the operation and characteristic properties of medicines are to be learned only *ex usu in morbis* ;—
3. he declares, that agents which would make a well person sick, must be incapable of making a sick person well ;—

4. he divides diseases into organ-affections, and primary affections of the organism, and hence divides the *materia medica* into organ-remedies (and universal-remedies.*)

5. he entirely rejects the maxim, *similia similibus*.

In conclusion, I may be permitted to add a few words in relation to Rademacher's opinion of Hahnemann and homœopathy. It is not to be wondered at, that having taken some slight notice of the discoverer of homœopathy and of his discovery, he should have neglected to make a thorough investigation of this science, as the number of the old-school physicians who have done this is very small; furthermore, in pursuing the method of practice which he had acquired from Paracelsus, he found himself far more successful than he had been previously. Still we cannot but regret that he regarded and judged homœopathy so falsely. But it is to be remembered, that he became acquainted with it while still in its infancy, and while encumbered with many paradoxes that might have repulsed him. Of its subsequent development he knows nothing.

“Herr Hahnemann,” says Rademacher, (I. 115,) “who in our days, is again building up a system upon the basis of mere empiricism, and who represents it as being the only true one, (I distinguish between his therapeia and his therapeutica; † the former is based simply upon symptoms, and thus upon the old foundation of the mere empirics,) furnishes himself the most striking proof that this basis must be, for the most part, unknown. The truth of the maxim, ‘like cures like,’ being granted, were it possible to seize fully and truly the totality of the symptoms, he ought, in every case, to fix upon the right remedy at the very first attempt. But as he and his followers are often obliged to try many, one after another, they afford a proof that his basis of practice is not cognizable. I cannot by any means acknowledge, however, that this hypothesis, ‘like cures like,’ is an axiom.”

* Transl.

† *Heilmittelfindungslehre*: the science of selecting remedies. — Transl.

“Though I cannot do this, yet I have a high respect for Herr Hahnemann. He is, so far as I know, the first who since the downfall of the old empiric sects, has sought to build a system of practice upon any other basis than the dogmas of the schools. Furthermore, the system of Hahnemann, and its spread through the country, is a phenomenon of our times which deserves far more consideration than has been bestowed upon it; I do not, however, consider myself called upon to show this at any length. The spiteful attacks upon homœopathy of some school-taught zealots are any thing but pleasing to me. These gentlemen entirely forget that by their passionate outbreaks they are casting suspicion upon their own scholastic system. If this were, in all its parts, clear, consistent, and conclusive, any attack upon it would excite rather mirth than vexation. They are conscious that the foundation upon which they are building is insecure and tottering, and they are afraid that new developments may cast them to the ground: this is the cause of their wrath.”

In the first place, we here find Rademacher committing the same error into which many of the opponents of homœopathy have fallen; for “similar cures similar,” he substitutes the unmeaning, “like cures like.” He may himself be accused of curing like with like, when he cures what he calls a *Nux-hepatic* disease with *Nux*.

In the second place, the failure of the first chosen remedy, and the consequent necessity of a second choice, do not prove that the homœopathic basis of cure is unrecognizable, but only that the selection of a remedy is difficult in many cases, in which several articles seem to have a correspondence with the symptoms of the disease.

Rademacher seems to value Hahnemann only for having abandoned the old school, for having perceived and exposed its deficiencies, and for having made experience the only practicable basis upon which to build a system of medicine. Rademacher's honest feelings are justly outraged by the “spiteful attacks” of the school-taught zealots.

Elsewhere we find homœopathy only occasionally alluded to in his book, as (I. 103, note,) where he calls its doses “imponderable” and “immeasurable;” so (I. 174,) where he speaks of Paracelsus’s recommendation of small doses. Again, (II. 3,) where he mentions homœopathy as being the only medical doctrine which recognizes no such thing as an inflammatory condition of the organism. Also, (I. 788,) he seems inclined to adopt Hahnemann’s idea of a two-fold venereal poison.

Finally, (II. 639,) in a long argument, he upholds the right of physicians to dispense the remedies prescribed by them; a matter of great importance to the homœopathists, and first brought into discussion by them. He defends this strongly and with convincing arguments. I think that his views with regard to this matter are the best which I have seen expressed by any writer, and I recommend this part of his book to the reader, confident that he will not rise dissatisfied from its perusal.

Having in this article, hastily pointed out the similarity which exists between our system and that of Rademacher, I propose, in a second, to show still further the agreement of the two, by comparing the cases which he cured by means of his universal or organ remedies, with the physiological action of the homœopathically adapted medicines.

ON THE OLFACTION OF REMEDIES, THE DIET AND REGIMEN.

BY DR. L. GRIESSELICH.

HAHNEMANN, in his *materia medica*,* merely mentions this mode of administration incidentally; if a melancholy patient, tired of life and by insupportable anguish driven to suicide,

* Vol. VI. second edit. p. ix.

smells but a few moments into a phial with the 12th dilut. of *Aurum*, he will within an hour be freed of his evil spirit.

Hahnemann extended this technicism with the increasing diminution of the medicinal doses, in asserting, that acute diseases were curable by olfaction of the remedies. This Hahnemann plainly expressed in the fifth edition of his *Organon*,* by saying that "the operation of the remedies was, especially in vapor form, the most sure and powerful." He ordered olfaction on pellets, moistened with a high dynamization; his smallest dose is *one* breath through *one* nostril; the dose is stronger if the patient inhales the vapor several times, or through both nostrils; he made even a distinction between weak and strong inhalations, and directed the patient to inhale the vapor through the mouth, in case the nostrils were obstructed; to small children the phial ought to be held during sleep close to one, and to the other nostril, and a "sure effect would be the result."

He calls this technicism "very much better than any other mode of administration in substance by the mouth," and asserts that, whatever is curable (acute as well as chronic,) "is the most surely and certainly cured by olfaction;" he declares also, that he had not treated for a year, one out of a hundred of all his patients in any other way than by olfaction, and with the "most acceptable result." There was, likewise, no alteration to be made with this technicism in reference to the time of repetition.

Aegidi, confirms the effect of olfaction, and says, that it could not often be substituted by any other technicism; † *definite parts*, however, he did not state.

Rau, however, is not in its favor, ‡ as he said that in many cases he had not observed the least effect from it; he thinks it to be more advisable to use but fresh prepared globules, while

* Page 296, note 1.

† Archiv. Vol. xiv., No. 3.

‡ Value of the Hom. Med. Treatment. 2d edit. p. 143.

Hahnemann admits old ones (18 – 20 years) to be efficacious. Rau thinks this technicism might answer in cases of highly exalted sensibility, hysterical paroxysms, versatile nervous fevers, &c. : in his annexed cases, however, we find no proof, that he ever made use of it.

An anonymous writer in the Allg. Hom. Ztg., Vol. VIII. No. 3, declares himself opposed to it from numerous experiments that yielded no result whatever.

Rummel, though he made but *seldom and exceptional* use of this technicism admits its efficacy in painful afflictions of the head, and teeth, and diseases of the respiratory organs. The preparation of medicines sometimes affected him ; this, he thinks, proves their efficacy in vapor form. — However, he should *pity the man*, who endeavored to cure a chancre by the olfaction of *Mercury 30*.

Reflection, I confine myself to those few statements to which additions might easily be made ; Backhausen* has, for instance asserted that a “nervous congestive headache” could, according to experience, better be cured by the olfaction on *Belladonna 30*, than by internal administration.

Many physicians have testified generally without giving any definite facts to the utility of olfaction ; the cases are but few which are related in the literature, and the most of those bear no very satisfactory character.

It is remarkable, with what certainty and decisiveness he once praised this technicism as the “best and surest ;” soon, however, he seems to have changed his opinion, as he administered his remedies differently again, and without doubt he fell into a like error, as he did with repetitions at first forbidden, but to which, nevertheless, he was obliged finally to have recourse.

Olfaction appears indeed to be merely the extremest point of Hahnemann’s dynamism ; after the remedies were *dynamized* to 30, and higher, then even the rest of an *appearance*

* Hygea, XI. 316.

of substance had yet to be removed, a "medicinal vapor" only was left to the patient.

Hahnemann had however, yet another reason, to be a zealous advocate for olfaction. The apothecaries were the deadly foes to his doctrine. "He (the homœopathic physician) could now dispense with the services of the apothecaries." * The physician was emancipated by olfaction, as the law could not reach this mode of medicinal administration.

When about fifteen years ago, olfaction came up, the same globules were used which were given internally; afterwards they were made of the size of a hemp seed; to smell of one such globule was thought sufficient, as the dose could not be small enough; bolder physicians employed liquid dilutions for olfaction.†

Nobody must in any serious disease place reliance upon such a doubtful technicism. Experiments are only in so far admissible, as they show, how an extremely delicate impression is sometimes required to produce an effect; but who can conscientiously make experiments upon thousands of patients, in order to meet this rare degree of susceptibility?

As there is with *proper doses* no risk, and the probability incomparably greater to meet their degree of susceptibility, it would be bravado, to deliver a patient to an uncertain technicism and lose the valuable time.

Hysterical patients we may permit to smell of *Asafætid.*, a burnt feather, *Ignatia tinct.*, &c. but to patients dangerously sick needing our help, we should administer the medicine in a more appropriate manner than by snuffing up the medicinal vapor.

We must make a distinction between remedies of a volatile nature, and such, as we suppose, are surrounded by a scentless

* Organon, page 296, note, 5th. edit.

† I tried both, the first I have given up long ago, as child-play; whenever I had an occasion,—this was extremely rare—I preferred the olfaction on the liquid; no one need to fear aggravation—*Griess*.

aura. The first class is well known to be very efficacious, as distributed in minute particles in the atmosphere, and volatilized in vapor form, they affect directly our respiratory organs.

That the 30th dil. of *Silicea*, which adheres to a globule, has around it in the phial an atmosphere of *Silicea*, we leave impartial experimental philosophers to decide. If we, however, cannot blame a novice for doubting, that some *Silicea* still in reality adheres to the globule, then we must forgive him for calling for proofs, by which he could perceive that the globule has even yet a *Silicea* atmosphere around it.

This technicism was one of the weakest points in homœopathy, and it is fortunate that it ended in smoke; there can hardly be any one found at present who will say that olfaction cures all curable diseases in "the best and surest manner."

Mayerhofer has brought the subject up again of late, he employs olfaction in nervous patients, for the purpose of aiding him in the selection of a remedy for internal use; he uses, however, the liquid strong preparation. He says, if the organism is affected by the medicinal vapor in a good manner, the remedy is curative; if in a bad manner, it is not suitable and will cause secondary symptoms; if it is unaffected then is the remedy inappropriate; he infers from his experiments that painful affections, neuralgies, &c., are best adapted for this olfaction-process.

On the Diet and Regimen, its Object and Importance.

It is a generally acknowledged fact, that the state of the organism is very essentially influenced by the manner of living while in health; nourishment, clothing, habitation, agitations of mind, passions, &c., do at one time promote and at another time disturb health.

The science of regime has acquired a large field, and in numerous writings has this subject been discussed; where advice is given, as to what is to be done and what to be avoided, in order to retain health. However, in healthy days

no attention is paid to it, and as the health generally moves within certain limits, so are small deviations either not taken notice of — especially as a great many persons do not at all observe themselves — or pass quickly away as light indispositions, when the warning is also quickly forgotten.

Whatever we appropriate to ourselves to satisfy our wants, as for instance, nourishment, can generally be considered as *natural stimulants*, intended to keep the organism at that necessary stage, wherein the so-called vital chemism, formation, and retroformation, can regularly take place. This is the object of the science of health *for the healthy* ; by attaining it, he is *disease preventing*. Physicians can do a great deal in this respect by imparting proper information.

The physician can, however, *methodically* assist and disturb formation and retroformation by placing the patient in corresponding external influences. This is the object of *the diet for the sick*, which does not confine itself to eating and drinking, or the removal of injurious influences, but includes *the whole regimen* for the sick.

The science of health is very frequently only regarded from its *negative* side, and its *positive* element wholly overlooked ; it is, however, full as true, that diseases can only be cured by a corresponding change in the manner of living, as diseases can by the latter be produced, and furthermore, that the effect of the remedy adapted to the individual case can essentially be supported, yet even as surely suppressed or annulled, if the whole be changed by the so-called non-medicinal agents. Father *Hippocrates* had already cultivated the science of health ; he knew and appreciated its whole value, and afterwards only was it that all curative power was placed in the remedies, and the regimen was the more neglected.

It belongs to the doctrine of the diet to discuss this subject ; it is sufficient here to refer to the alternative relation between the *dietetics* and the *medical art* properly so called. The dietetics have acquired another physiognomy by the “organic

chemistry" of *Liebig*, and his theory of the real agents of nourishment and respiration; but here has the mere chemism received evidently a too one-sided power. That coffee was a "nutrition," and beer "respiration" assisting agent, looks too much like nitrogen favoritism.

Boiker, deprived coffee (and also thea) of its nourishing quality again;* he justly points to the main law of dietetics for the preservation of health, "the change of nourishment," † also in diseases is a dietetic uniformity generally not of durable benefit, and causes great mutation. This is plainly seen by the deprivation and starving cures.

Hahnemann gave this subject his particular attention, so that many of his opponents would only acknowledge the dietetic side in his doctrine, asserting that a homœopathic cure was no more than one effected by the "regimen," a *cure of nature*; inferring, 1. from the false supposition that the dose of a homœopathic remedy *was* = 0; 2. from the superstitious imagination of a medicinal omnipotence in contradistinction to the impotence of mere dietetic influences.

Hahnemann expressed his opinion at an early stage in relation to "diet and regimen." † He entreats the physicians to give force to their dietetic directions, and let patients seek other help, if they cannot withstand temptations.

He alludes to many medical errors respecting diet, giving to *habit* and *instinct* their dues, and dissuading from great dietetic alterations in chronic diseases; however, if it be found necessary to make considerable alterations, the physician ought first attentively to observe how far these benefit the patient, before giving any medicine. He further remarks, *that he has cured the most difficult chronic diseases, without any particular change in the diet*; he recommends moderation throughout, and avoid-

* Hygea, xxii. 519.

† "Are the obstacles of certainty, &c. insurmountable?" 1797. Small Essays, i. 1.

ance of some things that would derange the action of the remedies, as acids, where narcotic remedies are employed, salted viands during the use of *Corrosive sublimate*, &c.; believing herewith "to have done enough." He recommends *simplicity* for all, in order not to impair the judgment while considering what is due to the remedy and what to the change of diet.

The instructions in the Organon are rather more *prohibitions* than *precepts*;* the small dose of the homœopathic remedy ought not "by heterogeneous medicinal influences" to be overthrown, extinguished, or disturbed. Consequently, in chronic diseases all impediments to the effect of the remedies, depending upon the regimen must be removed. Hahnemann forbids, therefore, coffee, teas, medicinal beers, cordials, spices, perfumes, medicinal herbs for soups, &c., furthermore, a sedentary life, wool upon the skin, night revelling, unnatural lust, passionate gambling, &c. &c.

At the same time, however, he advises that the diet should not be made troublesome to the patient by prohibiting "rather indifferent articles." "Innocent" diversion, active exercise in the fresh air in almost any weather; appropriate, nourishing, non-medical victuals and beverages he considers to be assisting means of cure in chronic diseases.

Hahnemann has otherwise not acknowledged any rules of diet and regimen as suitable for all cases, but, on the contrary, has urged individualization;† he limits the attendance of theatres, forbids totally playing at cards, smoking and snuffing are to be reduced, and by the younger ones left off; he admits even some coffee, and tea, and wine, when the patient has for years been habituated to it; the limited enjoyment does not impair the cure under such circumstances; spirituous liquors must be avoided, or wine substituted for them, &c. The directions in his work on chronic diseases being equally removed from

* Fifth edit. § 259.

† "Chronic Diseases," vol. i. p. 190.

every troublesome pedantry, as from misplaced yielding, are worthy to be followed; the “psychical influences are also especially appreciated, which are frequently of much greater importance than the material.”

The observations of Hahnemann are principally of an individual character; it seemed to him that the effect of *Sepia* was diminished under the use of vegetable acids, while the effect of *Belladonna* was increased by vinegar, &c.

Hartman treated Hahnemann's dietetics in a particular essay.*

Conclusion. Notwithstanding the warnings of Hahnemann, his dietetic directions were not unfrequently put into very narrow limits, while others again paid too little regard to diet; and in this the dietetics, especially for chronic patients, can become either a matter of torment or ridicule, or of frivolous negligence.

Hahnemann's proposition is also the leading principle here: “investigate what the totality of the individual case requires, and take the dietetic measures accordingly.” By this rule only can be ascertained whatever impedes the removal of the disease, what supports the sick, what the convalescent organism is in need of, to arrive at its former normal state.

The whole science of dietetics is to us a highly important *ally*, which can successfully be employed to the most various purposes in diseases, to be taught by the *therapeia especialis*, which must contain *everything* that enters into the treatment of diseases in question. It is not so much the point to remove impediments, which oppose the effects of the remedies, as it is to put the organism in the proper relation to the external world, which, however, does not only consist in paying attention to the quantitative, (by deducing from the organism the too much and giving the too little,) but principally in the giving of the qualitative appropriate; that which is best adapted and most

* Dietetics for the Sick.

suitable to the individuality and existing circumstances. And this is the *dietetic simile*, which will be *assimilated* and even becomes a part of the organism, (and after this action has been accomplished, the remainder is expelled from the system as heterogeneous.) Under the influence of life the chemical processes operate; digestion, sanguification, respiration, deserve our notice as vital-chemical actions from the dietetical point of view. The dietetics also are based principally upon the "*Homoion*."

FIRST ESSAY BY HAHNEMANN ON THE HOMŒOPATHIC PRINCIPLE.

Introduction.

No apology is necessary for presenting the following Essay, selected from the original writings of Hahnemann, but a few words are requisite by way of introduction. It is of great historical interest, as being the first public announcement of the homœopathic principle discovered by its author in 1790; and although the chemical and physiological views at present entertained differ somewhat from those expressed by the author, and which were current at the time he wrote, this does not at all detract from the value of his practical remarks.

We see from this Essay, that Hahnemann's original notion was, that the homœopathic method of treatment was applicable only to chronic diseases; whilst acute diseases could be most successfully treated by the enantiopathic method; that he had not originally thought of the necessity of giving extremely minute doses at long intervals; that whilst advising single medication as the rule, he thought there were some exceptional cases in which remedies might be combined, in order mutually to aid each other's action, and that he insisted from the first on the necessity of testing medicines on the healthy human organism.

In this Essay we have the germ of the *Organon* and the *Materia Medica Pura*, dimly shadowed forth indeed, but all the more interesting on that account, as showing the gradual growth in the master-mind of that scheme of reformation in therapeutics which, when perfectly matured, was to differ so widely from any former system of practical medicine, and to create a school which was destined, fifty years later, to have its representatives in every quarter of the globe, and in almost every town in Europe and America, whose disciples would then be reckoned by thousands, and whose doctrines would be eagerly embraced by some of the most illustrious professors* of the allœopathic school.

It will be perceived that Homœopathy did not, as is often alleged, spring from the brain of the German, like Minerva from the front of Jove, complete and perfect in all its parts. First came the conviction of the necessity of learning the effects of medicines from testing them on the healthy human organism, and thence arose the discovery of what we term the homœopathic principle, the law of *similia similibus curantur*. But the idea of this law being generally, far less exclusively, applicable to the treatment of disease, did not at first present itself; it was afterwards to be learned from careful, oft repeated, and infinitely varied experiment. The generality of its application was first promulgated nine years later (1805,) in the *Medicine of Experience*; its exclusive application first insisted on fourteen years later (1810,) in the *Organon of Rational Medicine*. In like manner, the suitable dose and the various technicalities connected with it, as they at present stand, were the result of years of experience. The theory of chronic diseases, which has been the object of such determined animosity and

* Among the Professors in allœopathic universities who have openly embraced homœopathy, we may mention D'Amador, Professor of Pathology at Montpellier; Henderson, Professor of Pathology at Edinburgh; J. W. Arnold, late Professor of Pathology at Zurich; Zlatarowich, Professor of *Materia Medica* at the Theresian University of Vienna; Maly, Professor of *Materia Medica* at Grätz; Lamprecht, Professor of Midwifery at Padua, &c.

ridicule, but the value of which is well known to the practical Homœopathist, made its first appearance in 1828. The testing of medicines on the human organism was commenced by Hahnemann on himself and others before the publication of the subjoined Essay. In 1805, the commencement of that vast labor was given to the world in the *Fragmenta de viribus Medicamentorum positivis*, a labor which was continued up to the latest years of his active life, and has since been carried on by his followers to the present day.

In reading the following Essay, it is impossible not to marvel at the little impression the doctrines therein enunciated made upon the great body of medical men. Its temperate, but earnest language, its calm reasoning, its complete exposure of the fallacy of the previous modes adopted for ascertaining the medicinal powers of drugs, and the convincing facts brought forward in support of each view, might have been expected to meet with other treatment from the author's colleagues than contemptuous silence or insensate ridicule ; and although, to the discredit of the time, they were received with scorn, we may hope that at the present day they will not fall into the hands of any unprejudiced person, without awakening a spirit of investigation which will forbid any decision that shall not have been sanctioned by observation and experiment.

Essay on a new Principle for discovering the Curative Powers of Drugs, with a few Glances at those hitherto employed. By SAMUEL HAHNEMANN, M. D. (From *Hufeland's Journal of Practical Medicine*, Vol. II. Part 3. 1796.)

At the commencement of this century, the unmerited honor was conferred on chemistry, more especially by the Academy of Sciences of Paris, of tempting it to come forward as the discoverer of the medicinal virtues of drugs, particularly of plants. They were subjected to the action of fire in retorts,

generally without water, and by this process there were obtained, from the most deadly as from the most innocent, very much the same products, water, acids, resinous matters, charcoal, and from this last, alkali; always the same kind. Large sums of money were thus wasted on the destruction of plants, before it was perceived that none of the important component parts of vegetables could be extracted by this fiery ordeal, far less that any conclusion respecting their curative powers could be come to. This folly, which was, with divers variations, perpetrated for nearly half a century, gradually produced an unfavorable impression on the minds of modern physicians, which had been in the mean time more enlightened respecting the chemical art and its limits, so that they now almost unanimously adopted an opposite view, and denied all value to chemistry in the search for the medicinal powers of drugs, and in the discovery of remedial agents for the diseases to which humanity is liable.*

In this they palpably went too far. Although I am far from conceding to the chemical art a universal influence on the *materia medica*, I cannot refrain from alluding to some notable discoveries in this respect which we have to thank it for, and to what it may hereafter effect for therapeutics.

Chemistry informed the physician who sought a palliative remedy for the evils occasioned by morbid acids in the stomach, that the alkalis and some earths were their remedies. If it was desired to destroy in the stomach poisonous matters which had been swallowed, the physician applied to chemistry for the antidotes that should speedily neutralize them, before they should injure the alimentary canal and the whole organism. Chemistry alone could tell him that the alkalis and soap were the antidotes of acid poisons, of vitriol, of aquafortis, of arsenic, as well as of the poisonous metallic salts; that the

* Once more, in the present day, practical medicine is appealing to chemistry for aid in the discovery of remedial agents, and Baron Liebig, in his laboratory at Giessen, is now the great therapeutic oracle. — *Ed.*

acids were the counter-poisons of the alkalis, of quicklime, &c., and that for speedily counteracting the effects of all metallic poisons, sulphur, liver of sulphur, but especially sulphuretted hydrogen, were effectual.

It taught him to remove lead and tin from a cavity of the body by living quicksilver, to dissolve iron that had been swallowed by acids, and ingested glass and flint by fluoric and phosphoric acids, in the way it is seen to take place, with respect to the last substance, in the stomach of fowls.

Chemistry showed the vital air in its purity, and when the physiologist and clinical observer perceived its peculiar power of maintaining and increasing the vital energy, chemistry showed that a part of this power lay in the great specific caloric of this air, and supplied this air, which neither the therapeutic materia medica nor clinical experience could do, from many different sources, in greater and greater purity.

Chemistry alone could supply a remedy for those suffocated by fixed air, in the vapor of caustic ammonia.

What would the Galenic school have done in cases of suffocation from charcoal vapor, had chemistry not pointed out vital air, the second component of atmospheric, as the proper thing wherewith to inflate the lungs?

Chemistry discovered a means of destroying the remains of poisons which had penetrated the system, by administering sulphuretted hydrogen in drinks and baths.

What but chemistry taught us (with nitrous ether and acetate of potash) how to dissolve those gall stones that often give rise to so many most troublesome diseases?

For centuries, chemistry has been applied to by medicine for a remedy for stone in the bladder, and with what result? Those that applied to it know best. It has at all events done something, since it has brought soda saturated with fixed air into repute. A still better remedy will be found in the employment of phosphoric acid.

Were not all sorts of medicinal agents applied to mammæ in

which the milk had curdled and caused pain? This was a hopeless, fruitless way. Chemistry showed a true remedy in fomentations of hartshorn, which renders curdled milk once more fluid.

Chemical experimentation with colombo root and morbid bile, showed that that vegetable substance must be a remedy in deranged biliary secretion in the human body, and medical experience has confirmed the accuracy of chemical induction.

Does the practitioner seek to know if a new remedy is of a heating description? Distillation with water, by showing the presence or absence of an ethereal oil, will with few exceptions suffice to solve the problem.

Practice cannot always tell by sensible signs if a vegetable substance possess astringent properties. Chemistry discovers that astringent principle, sometimes of no small use in practice, and even its degree, by means of green vitriol.

Dietetics alone cannot tell if a newly-discovered plant possess any thing nourishing in its composition. Chemistry shows this, by separating its gluten and its starch, and can, from the quantity of these ingredients, determine its amount of nutritive quality.

Although chemistry cannot directly show medicinal powers, yet it can do this indirectly, by demonstrating the powerlessness of medicines, in themselves powerful, from being mixed; or the noxious properties of mixtures of medicines, in themselves innocuous. It forbids us, when we seek to produce vomiting by means of tartar emetic, to add to it substances containing gallic acid, by which it is decomposed; it forbids us to drink lime water when we seek to obtain benefit from the astringent principle of *Cinchona* bark, by which it is destroyed; it forbids us, if we do not wish to produce ink, to mix bark and iron in the same potion; it forbids us to make the Goulard lotion powerless by adding alum; it forbids the mixture of an acid with those laxative neutral salts having cream of tartar for their bases, which remove acids from the *primæ viæ*; it

forbids us to render poisonous, by admixture, those otherwise innocuous substances, diaphoretic antimony and cream of tartar; it prohibits the use of vegetable acids during a milk diet, (whereby an insoluble cheese would be formed,) and when acids are required for digestion, it points to the vitriolic acid.

It furnishes the tests for detecting the adulteration of remedies, extracts the deadly corrosive sublimate from calomel, and teaches the difference betwixt the latter and the poisonous white precipitate which it so closely resembles.

These few examples may suffice to show that chemistry cannot be excluded from a share in the discovery of the medicinal powers of drugs. But that chemistry should not be consulted with respect to those medicinal powers which relate, not to hurtful substances to be acted on immediately in the human body, but to changes wherein the functions of the animal organism are first concerned, is proved, *inter alia*, by the experiments with antiseptic substances, respecting which, it was imagined that they would exhibit exactly the same antiputrefactive power in the fluids of the body, as they did in the chemical phial. But experience showed that saltpetre, for instance, which out of the body is so highly antiseptic, shows exactly opposite qualities in putrid fever and in tendency to gangrene; the reason of which I may mention, though out of place here, is, that it weakens the vital powers. Or shall we seek to correct the putrefaction of matters in the stomach with saltpetre? An emetic will remove them at once.

Still worse for the *materia medica* was the advice of those who sought to ascertain the medicinal powers of its various agents, by mixing the unknown drug with newly-drawn blood, in order to see whether the blood grew darker or lighter, thinner or thicker; just as if we could bring the drug into the same immediate contact with the blood in the artery, as we could in the test tube; just as if the drug must not first undergo an infinity of changes in the digestive canal, before it could get (and that only by a most circuitous method) into the blood.

What a variety of appearance does not the blood itself present when drawn from the vein, according as it is taken from a heated or a cool body, by a smaller or larger opening, in a stream or by drops, in a cold or warm room, in a flat or a narrow vessel.

But such paltry modes of ascertaining the powers of medicines bear on their face the stamp of their worthlessness.

Even the *injection of drugs into the bloodvessels of animals* is for the same reason a very heterogeneous and uncertain method. To mention only one circumstance, — a teaspoonful of concentrated cherry-laurel-water will most certainly kill a rabbit, when taken into the stomach, whereas, if injected into the jugular vein, it causes no change, the animal remains lively and well.

But at all events, some will say, the administration of drugs to animals by the mouth will furnish some certain results respecting their medicinal action. By no means! How greatly do their bodies differ from ours! A swine can swallow a large quantity of *Nux vomica*, without injury, and yet men have been killed with fifteen grains. A dog bore an ounce of the fresh leaves, flowers, and seeds of monkshood; what man would not have died of such a dose? Horses eat it, when dried, without injury. Yew leaves, though so fatal to man, fatten some of our domestic animals. And how can we draw conclusions relative to the action of medicines on man, from their effects on the lower animals, when even among the latter they often vary so much? The stomach of a wolf poisoned with monkshood was found inflamed, but not that of a large and a small cat, poisoned by the same substance. What can we infer from this? Certainly, not much, if I may not say, nothing. This much, at least, is certain, that the fine internal changes and sensations, which a man can express by words, must be totally unknown to us in the lower animals.

In order to try if a substance can develop very violent or dangerous effects, this may in general be readily ascertained,

by experiments on several animals at once, as likewise any general palpable action on the motions of the limbs, variations of temperature, evacuations upwards and downwards, and the like, but never any thing connected or decisive, that may influence our conclusions with regard to the proper curative virtues of the agent on the human subject. For this, such experiments are too obscure, too rude, and, if I may be allowed the expression, too awkward.

As the above-mentioned sources for ascertaining the medicinal virtues of drugs were so soon exhausted, the systematizer of *materia medica* bethought himself of others, which he deemed of a more certain character. He sought for them in the drugs themselves; he imagined he would find in them hints for his guidance. He did not observe, however, that their sensible external signs are often very deceptive, as deceptive as the physiognomy is in indicating the thoughts of the heart.

Lurid-colored plants are by no means always poisonous; and on the other hand, an agreeable color of their flowers is far from being any proof of their harmlessness. The special qualities of drugs, which may be ascertained by the smell and the taste, will not allow us to form any trustworthy conclusions respecting untried substances. I am far from denying utility to both these senses in corroborating the probable properties of drugs which have been ascertained in other ways, but I would counsel, on the other hand, great caution to those who would form their judgment from them alone. If the bitter principle strengthens the stomach, why does squill weaken it? If bitter aromatic substances are heating, why does marsh rosemary diminish the vital temperature in such a marked manner? If those plants only are astringent that make ink with green vitriol, how is it that the highly astringent principle in quinces, medlars, &c., cannot furnish ink?

If the astringent taste gives evidence of a strengthening substance, why does white vitriol excite vomiting? If the acids are antiseptic, why does arsenious acid produce such rapid

putrefaction in the body of one poisoned by it? Is the sweet taste of sugar of lead a sign of its nutritive properties? If the volatile oils, and every thing that tastes fiery on the tongue, are heating for the blood, why are ether, camphor, cajeput oil, oil of peppermint, and the volatile oil of bitter almonds and cherrylaurel, the very reverse? If we are to expect a disagreeable odor in poisonous plants, how is it so inconsiderable in monkshood, deadly nightshade, and foxglove? why so imperceptible in nux vomica and gamboge? If we are to look for a disagreeable taste in poisonous plants, why is the most deadly juice of the root of *Jatropha manihot* merely sweetish, and not the least acrid? If the expressed fatty oils are often softening, does it follow that they are all so, even the inflammatory oil expressed from the seeds of the *Jatropha curcas*? Are substances which have little or no smell or taste destitute of medicinal powers? How is it that ipecacuan, tartar emetic, the poison of vipers, nitrogen, and lopez-root, are not so? Who would use bryony-root as an article of diet, on the ground that it contains much starch?

Perhaps, however, *botanical affinity* may allow us to infer a similarity of action? This is far from being the case, as there are many examples of opposite, or at least very different powers, in one and the same, and indeed in most families of plants. We shall take as a basis the most perfect *natural system*, that of Murray.

In the family of the *coniferæ*, the inner bark of the fir-tree (*pinus sylvestris*) gives to the inhabitants of northern regions a kind of bread, whereas the bark of the yew-tree (*taxus baccifera*) gives — death. How came the feverfew (*anthemis pyrethrum*,) with its burning root, the poisonous cooling lettuce (*lactuca virosa*,) the emetic groundsel (*senecio vulgaris*,) the wild scorzonera, the innocuous cudweed (*gnaphalium arenarium*,) the heroic arnica (*a. montana*,) in the one family of the *compositæ*? Has the purging *globularia alypum* any thing in common with the powerless *statice*, both being in

the family of the *aggregatæ*? Is there any similarity to be expected betwixt the action of the chervil root (*sium sisarum*) and that of the poisonous water-droptwort (*œnanthe crocata*,) or of the water-hemlock (*cicuta virosa*,) because they are in the same family of the *umbelliferæ*? Has the not harmless ivy (*hedera helix*,) in the family *hederaceæ*, any other resemblance to the vine (*vitis vinifera*,) except in the outward growth? How comes the harmless butcher's-broom (*ruscus*) in the same family of the *sarmentaceæ* with the stupefying cocculus (*menispermum cocculus*,) the heating *aristolochia*, and the *asarum Europæum*? Do we expect any similarity of effect from the goose-grass (*galium aparine*) and the often deadly *spigelia Marylandica*, because they both belong to the *stellatæ*? What resemblance can we find betwixt the action of the melon (*cucumis melo*) and the elaterium (*momordica elaterium*,) in the same family of the *cucurbitaceæ*? And again, in the family *solanaceæ*, how comes the tasteless great mullein (*verbascum thapsus*,) with the burning Cayenne pepper (*capsicum annuum*); or tobacco, which has such a powerful spasm-exciting action on the primæ viæ, with nux vomica, which impedes the natural motions of the intestines? Who would compare the unmedicinal perriwinkle (*vinca pervinca*) with the stupefying oleander (*nerium oleander*,) in the family *contortæ*? Acts the wintry moneywort (*lysimachia nummularia*) similarly to the marsh trefoil (*menyanthes trifoliata*,) or the powerless cowslip (*primula veris*) to the drastic sowbread (*cyclamen Europæum*,) in the family of the *rutaceæ*? From the strengthening effects of the bear-berry (*arbutus uva ursi*) on the urinary apparatus, can we infer the heating, stupefying action of the *rhododendron chrysanthum*, in the family *bicornes*? Among the *verticillatæ*, can any comparison be made betwixt the scarcely astringent selfheal (*prunella vulgaris*,) or the innocent bugle (*ajuga pyramidalis*,) with the volatile germander (*teucrium marum*,) or the fiery marjoram (*origanum creticum*)? How can the powers of the verbena

(*v. officinalis*) be said to resemble those of the active hyssop (*gratiola officinalis*,) in the family *personatæ*? How different are the actions of liquorice and *geoffroya*, although in the same family of the *papilionaceæ*! In the family of the *lomentaceæ*, what parallel exists betwixt the properties of the *ceratonia siliqua* and those of the fumatory (*fumaria officinalis*,) of the *polygala senega* and the Peruvian balsam (*myroxylon peruvianum*)? Or is there any likeness in properties amongst the *nigella sativa*, the garden rue (*ruta graveolens*,) the peony (*pæonia officinalis*,) and the celery-leaved crowfoot (*ranunculus sceleratus*,) although one and all are in the family of the *multisiliquæ*? The dropwort (*spiræa filipendula*) and the tormentil (*tormentilla erecta*) are united in the family *senticosæ*, and yet how different in properties! The red currant (*ribes rubrum*,) and the cherry-laurel (*prunus laurocerasus*,) the rowan (*sorbus aucuparia*,) and the peach (*amygdalus persica*,) how different in powers, and yet in the same family of the *pomaceæ*! The family *succulentæ* unites the wall-pepper (*sedum acre*) and the *portulaca oleracea*, certainly not because they resemble each other in effects! How is that the stork's-bill and the purging-flax (*linum catharticum*,) the sorrel (*oxalis acetosella*,) and the quassia (*q. amara*,) are in the same family? Certainly not because their powers are similar! How various are the medicinal properties of all the members of the family *ascyroideæ*! and of those of the *dumosæ*! and those of the *trihilatæ*! In the family *tricoccæ*, what has the corrosive spurge (*euphorbia officinalis*,) in common with the box (*buxus sempervirens*,) which has such a decided influence on the nervous system? The tasteless rupture-wort (*herniaria glabra*,) the acrid *phydolacca decandra*, the refreshing goosefoot, (*chenopodium ambrosioides*,) and the biting persicaria (*polygonum hyaropiper*,) what a motley company in the family *oleraceæ*! How dissimilar in action are the *scabridæ*! What business has the mild, slimy, white lily (*lilium candidum*) beside the garlic (*allium sativum*,) or the squill (*scilla mari-*

tima,) what the asparagus (*a. officinalis*) besides the poisonous white hellebore (*veratrum album*,) in the family *liliceæ*?

(To be continued.)

CAUSE OF DISEASE — ÆTIOLOGY.

From the work "Homœopathy, or Law of Life," &c.

By DR. A. W. KOCH.

(Continued from p. 86, Vol. II.)

(II.) *Contagion.*

(1.) *Definition.* By *contagium*, or *infectious matter*, is meant that *morbific potency which possesses the property of producing a disease in the highest degree similar to that disease, out of which the potency in question sprung.* The transmission of such morbid potency from one individual to another is called *infection*, and may require a *mediate* or an *immediate* contact with the person diseased. It appears that infection, in most, if not in all cases, takes place through a material substratum.

A distinction has been made between *contagium* and *miasma*, and *atmospheric infection*, although the distinction has been insufficient and ill-defined, and thus has caused great contradiction among physicians. It has been impossible satisfactorily to decide, with regard to some diseases, whether they are of *miasmatic* or of *contagious* origin; for instance, *plague*, *yellow-fever*, *cholera*, and *typhus*. The essential difference between *contagium* and *miasma* must lie in the origin and the working of the noxious potency. *Contagium* is the product of an antecedent, most similar disease, and the effect of the newly arising product is ever another most similar disease; it possesses the permanent power of reproducing its similar, just as the various species of animals and plants possess the power of reproducing

their similars, that is, other animals and plants of the same species. In miasma, on the other hand, these characteristics are wanting; the morbid processes to which it gives rise in different individuals are indeed similar, and it may even produce infectious diseases, — as measles, typhus, yellow-fever, intermittent fever, &c. — but in these morbid processes the miasm itself ceases to exist; it cannot give birth to a *similar* miasm, as it was not itself the product of a *similar* disease.

The fact that a contagium may be developed from a miasmatic disease, or that the former may enter into combination with the latter, must call our attention to the similarity of some sort which exists between them, and must force upon the mind the suspicion, that the disease produced by miasma does not attain to that grade of perfect development which is necessary, in order that it may be capable of reproducing its similar; that the miasmatic life dies, as it were, in its first period, and with it is lost the power of reproduction, while the contagium attains to a more perfect life-activity, and the disease produced by it was through regular life-periods (stages,) whereby the capacity of producing its similar is ensured, until some external circumstances occur to disturb this periodicity, and to check or annul the reproductive power. Hence, contagious disease will also become unfruitful — that is, incapable of producing contagium — if it does not attain to perfect development, or if the corresponding susceptibility is not fully formed (typhus sporadicus); again, the contagium that is produced may lose its intensity or its reproductive power, if transferred to specifically different organisms from the one which produced it; or it may give rise in such circumstances to a bastard disease which in its turn will produce a bastard contagium.

(2.) *Origin of Contagia.*

The contagia must have had an origin similar to that of the inferior life-forms (physical, division); as the latter arise from the assimilation and union of polarically-similar materia, so

also the former must have sprung either from antecedent similar — that is, infectious — morbid factors, or from the combination into a unit of two or more polarically-similar elements. Since, in order to the production of a disease, there are necessary a morbid potency and a predisposition, and since both these must precede the disease, we must assume that contagium, as a morbid potency, either came into being at some time accidentally, or that it has developed itself out of some original disease. In any case we must admit, that the generative causes of contagium, like the *materia* of this world generally, have always been in existence, that they renew themselves, and that, according to existing predispositions, they may give rise to *none*, or a *true*, or a *bastard* disease; also, that the conditional causes of contagia are ever in being, and that they must precede every contagious disease. There has thus been a constant cycle of contagious formations, as the causative agents acquired the power of assimilation. It is impossible to show historically the primary origin of the permanent contagia, as it is that of any distinct form of life. The fact that most of the permanent contagious diseases can be traced back to their origin — as the plague to the year 558, small pox and measles to the year 772, and syphilis to 1493–95 — favors our opinion; early historical information, however, is here wanting, and many of the sketches — as those in relation to syphilis — are unworthy of dependence; furthermore, those periods show only a marked intensity, or perhaps a bastard form of the original syphilitic contagium. Experience also confirms our idea, since contagious diseases are developed from infectious matter, miasmatic and epidemic influences, or are produced by atmospheric, telluric, and climatic conditions, and since the contagious potency, in certain circumstances, acquires the capability of reproduction. But, on the other hand, we must admit, that in favorable circumstances, a predisposition in the human organism may be so strong, that, at the slightest external cause, a disease shall arise assuming the character and

the peculiarities of an infectious disease, and giving origin to contagium. It is a great error, as regards contagious diseases, to take into consideration only the contagium, and to overlook the predispositions, as they are modified by circumstances ; the latter are as essential to the disease as is the former, and in many cases, play even a more important part in the spread of the contagion.

Circumstances are similar as regards diseases which *become* contagious *in their progress*. In such cases the predisposition is so increased by circumstances that the existing infectious potency is able, in combination with it, to form a contagious disease ; just as, on the other hand, an epidemic contagion may become reduced in extent and violence, not by the diminution of the contagium, but by the exhaustion of the predisposition. The circumstance that a contagious disease often advances near its close with peculiar rapidity and intensity, as though the contagium would, with all its power, seize and exert its activity upon the yet remaining predisposition, does not disprove our idea ; so a nearly extinguished lamp acts upon the last drops of oil. But with the loss of this second factor — the predisposition — the disease becomes extinct, and any further reproduction is rendered impossible, until the *individual* predisposition is renewed, or until the fluidum contagiosum has attained such potency as to act upon the *general* predisposition. This is further shown by the fact that the plague seldom continues in Egypt after the 24th June, and that those who bring the disease from Turkey subsequently to this time, do not communicate it to others, (Willmann's Travels in European Turkey, &c., translated by Bergh ; chap. xvi. p. 384.) In this case the contagium has certainly lost nothing of its intensity, but the predisposition is so reduced as no longer to be adapted to its action. Finally, our view is confirmed by the strong tenacity of life of many contagia, (as of rabies canina, plague, small-pox, yellow-fever,) which often continue for years

undisturbed, and in some cases are not destroyed even by putrefaction; thus the contagium of "Miltzbrand," "Splenitis," remains in tanned hides; that of hospital-gangrene, small-pox, &c., continues active even in corpses and in putrifying parts. On the other hand, we observe that a contagious disease may become extinct—be totally lost—as is true of varieties of animal life. The cause of this must lie either in the entire annihilation of the contagium, or in the circumstance that the relations no longer existing in which the corresponding predisposition is formed, there is a deficiency of the latter.

The contagia have been divided into *contag. permanentia seu communicantia*—which have *originated only once*, and have been continued by reproduction (as small-pox and syphilis)—and *contag. spontanea, temporaria*, which are ever arising anew. This division cannot be quite exact, since the former are rendered permanent only by their strong heterogeneousness to the organism, and by the general predisposition of the organism to be affected by them; while the periodic disappearance of the latter is a consequence of their slight heterogeneousness, and of the periodic deficiency of a corresponding predisposition; their reappearance is therefore a consequence of the restoration, by external influences, of this predisposition.

(3.) *Nature of Contagia.*

As every activity is in connection with matter, so the contagia are also connected with matter; they are even *material* themselves, at one time more or less palpable, at another so attenuated as not to be recognized by the senses. They appear under various forms, vaporous, gaseous, fluid, and solid (scales, scabs); the most common forms are the vaporous and fluid, and hence the division of contagia into *C. fixa et volatilia*.

To most contagia has been attributed a peculiar, characteristic odor: the plague, according to Baco, has an odor of May

lilies, or of sweet apples; small-pox, that of musk; the itch has a musty, purpura has an acid smell; scarlatina, according to Heim, that of a cheese-room, or a herring-vault; and rubeola, that of freshly plucked goose-feathers.

The contagia are of the nature of *living things*; they proceed from life, they combine with and are nourished by living bodies, they possess life, and generate other similar life. In the fluid forms of contagious matter, as in other living fluids, globules have been observed in active motion; for instance, by Sacco, in the kine-pock lymph, by Kreyssig in the pus of the plague, by Jahn in the matter of tinea and small-pox, and by Dessault and Weber in syphilitic secretions, &c. We do not suppose, however, that these fibules are to be regarded as peculiar to the several diseases; still, they show the organic nature of the contagium, and must be a product of the organic morbid process with which the contagium is connected.

The ordinary vehicles for the transmission of contagia are the exhalations of the lungs and skin, the saliva, lymph, blood, semen, intestinal excretions, pus, sanies, scales, scabs, &c. Each contagium selects its own adapted vehicle; thus the syphilitic poison is transmitted in mucus, semen, and sanies, that of rabies canina in saliva, &c.

It is worthy of remark, that the contagia act in the smallest, most inappreciable quantities. This, on the one hand, indicates their great heterogeneousness to the organism; on the other, their great homogeneousness with the predisposition to disease. It also speaks in favor of the law, that when there is a corresponding predisposition, even an imponderable minimum is sufficient to excite the most energetic action, just as a minimum of semen is sufficient to produce impregnation. This law, so often referred to in physiology and pathology, is of the greatest importance also in therapeia, inasmuch as it proves that a very small quantity of a medicine, when there is a corresponding disease (disposition,) may produce great effects.

The contagia are always again the product of an organic

formative-process, and they are deposited either in certain organs which are fitted for them, as the skin, the mucus membranes, the salivary glands, or in certain morbid transformations of various parts, as the pustules of variola, the vesicles of psora, chancres, "plague-boils," &c. It has been attempted by chemical processes to ascertain the nature of the contagia, but these attempts, as we should expect, have resulted in nothing decisive; partly because of the volatility of the substances acted upon, partly because of the impossibility of separating them from their vehicle. Some of them react as bases and some as acids.

Their tenacity of life, as has been before said, is often very great, though sometimes it is small. Cases have been observed in which the plague-virus (Orräus) and that of variola (Lond. Mag. 1752,) have retained their activity thirty years, and those of vaccina and typhus three years. The substances most favorable to the preservation of the contagia are organic bodies, as feathers, hair, cotton, peltry, wool, fat, horn, silk, &c. and especially closely confined air.

The *death* or *dissolution* of the contagia is caused by the same agencies which destroy individual life generally. Some come to an end with the decomposition of the organism in which they have existed, and thus die from want of nourishment; others are killed by excessive heat (the plague-contagium, for instance, as late investigations show,) or cold; others are destroyed by strong acids or alkalies, by chlorine, persevering change of air, &c. Whether in any contagious disease, the contagium itself is directly rendered inert, or is destroyed by atmospheric or other telluric influences, is very doubtful; the cause of the cessation of the disease should perhaps be sought rather, as has been before said, in a change or exhaustion of the predisposition wrought by the above-mentioned influences.

(4.) *Transmission of Contagia.*

The contagium is either transmitted *immediately* from the

diseased individual to one who is well, without any intermediate transporting agent (*contagio per contactum* [Sennert,] also falsely called *contagia fixa*,) or *mediately*, through some other body or substance, which receives it from the sick person and carries it to the well (*contagia per distans*.)

These media may have, or they may not have, vitality; they may be organic, or so called, in organic bodies; they are not themselves necessarily changed by the contagium, and only impart their nocuousness when brought into connection with an individual who is susceptible to its action. Various media of contagion are the washings of the sick, wool, hair, skins, feathers, horns, cotton, silk, fat, flesh, hemp, wood, paper; those best fitted for its transmission, however, are blood, pus, saliva, semen, mucus, cutaneous and pneumonic exhalations, and atmospheric air.

The distance at which the contagia may infect the well is different in different cases. Many require close contact; thus the small-pox acts at a maximum distance of twelve feet, typhus fever at six to eight feet, and the plague at a still less distance. It appears, however, that a less close approximation is necessary in certain states of the atmosphere, and when there is great susceptibility to the contagion.

(5.) *Conditions affecting the action of Contagia.*

In order that the contagium may manifest its action upon the organism it is essential in the first place, that it meet with a corresponding predisposition in the latter—that the organism come to meet it—and that some individual organ present itself, with whose general or special predisposition, it may assimilate itself, for the production of a *tertium quid*. This new formation is a contagious disease, which has the closest correspondence with the specific contagium, and which manifests also, in most cases, the greatest similarity to the antecedent disease. The energizing of the contagium, therefore, or the production of

the corresponding disease, depends as much upon the condition of the organs as upon the contagium itself.

The contagia are very different in their nature, and hence, must manifest themselves very differently in their operation. Every contagium seeks to force upon the susceptible organism a heterogeneous (though corresponding to its own activity) life-direction. The operation is modified, on the one hand, by the heterogeneousness of the contagium to the organism, its tendency to assimilate itself with the predisposition; on the other hand, by the greater or less predisposition of the organism to be acted upon. Hence, it follows, that the infecting power of a contagium is always relative; that a highly heterogeneous contagium may be inert, from the want of an individual susceptibility, while another which is much less heterogeneous may, with a corresponding predisposition, produce violent diseases.

The intensity of the infectious virus varies, being rendered greater or less by the following circumstances:

1. The *specific character* of the disease which produces it. Thus the virus of the plague and of variola are more infectious than that of rubeola; that of the latter is more so than are those of gout, erysipelas, intermittent fever, &c.

2. The *intensity of the contagious disease which produces it*, and the *stage* of the disease in which the contagium is given off. It is proved by experience that almost every disease, when perfectly developed, may become contagious; hence, we conclude, that the intensity of the contagium depends upon the greater or less intensity of the producing disease. It is also necessary to the formation of the contagium, that the producing disease should have attained that development which is essential to the power of production; just as a certain development is necessary in organized life, in order that it may produce its similar. As a certain age is essential to the latter, so is a certain stage to the former. Thus most contagious diseases produce the most active virus while at their *acme*, or shortly

after it. The same is true as regards an epidemic pestilence ; it runs through certain stages or periods of life, attains its *acme*, a development in which its intensity is the strongest, (lues and leprosy were formerly much more infectious and virulent than they are at present,) and then follows a decline, it grows old, and its power of reproduction is diminished. Apparent exceptions in the case of several contagious diseases — especially of some exanthemata, which attain the maximum of this power during the period of desquamation — do not disprove this rule, since the fever is not the chief product of the disease, but the exanthem, when it is at its height and ready to desquamate ; this is shown by the fact that the scales, scabs, pus, &c. are the best media for transporting the contagium. We must confess, nevertheless, that we are still deficient in the means of judging with regard to the stage in which this or that infectious disease produces its morbid virus.

3. The intensity of a contagium may be *diminished*, or its reproductive power may be *entirely extinguished by a continued and rapidly repeated withdrawal of the infectious virus*. If several men have successive connection with a syphilitic woman, the first may take the disease in its most violent form, while those who follow escape with less injury, or without being affected at all. So the virus of kine-pox, when several persons have been vaccinated from the same pustule, loses its energy, and does not recover it until after a period of rest.

4. The intensity of the infectious matter is *increased or diminished*, according as it comes into action at a *longer or shorter period after its production*. This varies, however, with the life-tenacity of the contagium.

5. *The simultaneous action of a second contagium increases or diminishes the energy of the first*. That of variola diminishes that of rubeola, the virus of vaccina checks that of variola, and that of psora prevents in a measure the action of plague contagium ; on the other hand, the syphilitic virus seems to increase the infecting power of scabies. The cause

of this difference is to be found in the mutual homogeneousness or heterogeneousness of the contagia, or still more in the partial exhaustion of the predisposition.

6. Many influences and substances diminish or entirely annul the act of the contagia; for example, acids, alkalies, chlorine, arsenical vapors, (Lind,) a high grade of putridity, great heat or cold. Humid warmth, crowded apartments, stagnant atmosphere, marsh miasmata, the seasons of the year, climates, psychical influences, &c. may increase the intensity of the contagium, relatively to the susceptibility to its action, at the same time that they not unfrequently generate the *susceptibility*, or *increase* it if it already exist.

7. Finally, the intensity is apparently increased or lessened, in proportion to the susceptibility (internal predisposition,) which is caused, and more or less developed by external influences.

(6.) *Susceptibility to Contagia.*

The second essential condition is a susceptibility to the infecting potency. In order to the production of the disease it is necessary, 1, that the contagium and the disposition (susceptibility) should mutually correspond, that is, that they *should accord in producing the end*; that they *should be similar each to each*, animal and vegetable, as in reproduction, male and female, must be similar and accordant. Both processes follow the same law; the more the female responds to the male, the more susceptibility she has to the corresponding semen, so much the more certain is fructification. Thus is it as regards infection; sores which in their general character, their mode of origin, or in any other peculiarity, have the closest resemblance to the hospital gangrene, are more susceptible to its contagium than are others not possessing such similarity, (Riberi sulla cancrena contagiosa [Riberia on Contagious Gangrene,] 1820.) Or, it is necessary, 2, *that the contagium should correspond to the general predisposition only*,

while it is, however, so heterogeneous to the organism, and so powerful in its activity, that, under any conditions, it shall be able to impress upon the latter a heterogeneous life-direction.

The susceptibility of the organism to one or another contagium is very various, and depends partly upon the heterogeneousness or homogeneousness of the contagium, partly upon its specific character, upon the sex, age, &c., the peculiar nature of the organs or system upon which the contagium acts; the antecedent operation of different external influences, (time of year or day, weather, &c.) whereby the susceptibility of the organism is increased; the existence of one only, or the coöperation of several causes producing a tendency to the disease, and finally upon a tendency and an exposure to one only, or to several contagia at the same time. Hence, we may lay down the following general principles upon which the susceptibility is dependent:

1. *The heterogeneousness or homogeneousness of the contagium.*

(a.) The more heterogeneous a contagium is to the organism, *i. e.* the more closely it corresponds with *the general predisposition* only, and the more readily it is able to effect a change in the assimilative processes of the latter, so much the less can the organism remain insusceptible to its influence, and so much the sooner will it become diseased; so much the more dangerous, as the same will be the disease that is produced; and so much the more easily will the organism be destroyed in its compulsory, heterogeneous life-direction. Thus the contagium of rabies canina, on account of its heterogeneousness, finds a susceptibility to its action in every organism when introduced into the blood, and produces consequently a disease for the most part fatal; while not every organism is susceptible to the contagia of variola, plague, and typhus, and fewer still are so to that of gout, of erysipelas, and of intermittent fever, (Starck maintains their power of infecting); these require generally a special predisposition.

(b.) The more homogeneous the contagium is with the

individual predisposition, and the more it corresponds to this, so much the greater is the susceptibility; each assimilates itself with the other so much the more readily, and the product of the mutual assimilation and generation is the contagious disease, which seeks to force upon the organism a heterogeneous life-direction, varying according to the specific character of the disease. The danger to the organism depends here upon the *heterogeneousness of the newly-formed disease*, and upon the *increased or diminished susceptibility*; *i. e.* upon the antecedent tendency, and the greater or less preparation of the organism, to assume a heterogeneous life-direction.

2. *The specific character.* The more similarity, as regards species, there is between the organism producing the contagium and the individual influenced, so much the greater is the susceptibility. The contagium produced by dissimilar or heterogeneous organisms is either entirely inactive, or causes a disease not exactly like the producing disease — a *bastard form*. We perceive here also a parallelism with animal reproduction. A female of one species cannot be impregnated by a male of another. The only exceptions are of some nearly related classes of animals, and even in their case the product is a mongrel which is incapable of continuing its kind. In the same manner, men either have no susceptibility to those contagious diseases which belong specifically to other classes of animals, or if they do acquire them, the disease assumes a bastard-form incapable, — like the mongrels above spoken of, — of propagating themselves. Thus malanders, farcin, “miltz-brand,” kine-pock, mange, are transferred to the human species, but under a more or less modified form (Hartwig, *Transmission to Man of the Contagia of the Lower Animals*. Pr. Medizin. Zeit. 1835. No. 46–48); so also the plague, the East India Cholera, natural small-pox, psora, &c. may be communicated from man to other animals, in bastard forms whose power of infection is greatly lessened. Other contagia, as those of rubeola, scarlatina, miliaria, have in these animals,

no reproductive power. There are indeed some cases in which animals of different species may transmit certain contagious diseases from one to the other; thus kine-pock will produce malanders in horses, and sheep-pock in sheep, &c.; but even here there is an apparent, if not an essential difference between the two diseases.

3. *Individuality.* The tendency to be affected by contagious matter depends very much upon sex, age, constitution, temperament, mode of life, mental affections, pregnancy, debauchery, hunger, or other diseased conditions of the organism. Childhood is peculiarly susceptible to the contagia of scarlatina, measles, small-pox, croup, and whooping-cough, but has little susceptibility to typhus. In mature age the susceptibility to the last is increased, while in old age susceptibility to all contagion ceases, (syphilis, gonorrhœa, and psora excepted.) The Indian is more susceptible to the contagium of variola, the European to that of yellow-fever; on that account the diseases are themselves more dangerous to either. The female sex may have less receptivity for the contagium of yellow-fever and of typhus (?) than the male. Affections of the mind, as grief, anxiety, increase the susceptibility to the cholera-contagium; pregnancy is often a protection against infection; sometimes chronic diseases, particularly ulcers of the skin and lungs, scrofula, leprosy, scurvy, dropsy, and melancholia, afford protection against the plague; catarrh, whooping-cough, measles, and scarlatina, give protection against variola, while individuals are rendered more susceptible to it by having been previously weakened by diarrhœa, perspiration, hæmorrhage, loss of milk, and of the seminal fluid.

4. *The peculiar nature of the organs or systems upon which the contagium acts.* All the organs are not equally susceptible to contagion in general, and each organ has a specific susceptibility to particular contagion; thus the mucous membrane of the throat is peculiarly susceptible to the contagium of scarlatina, the respiratory organs to that of measles and

influenza, the intestinal-canal to that of dysentery, the genital organs and the lips to the syphilitic virus, the external skin to "miltzbrand," psora, &c. If the contagium, on the other hand, is brought into contact with an organ which has little or no specific susceptibility to its influence, it produces little or no effect.

5. *The antecedent operation of various external influences.* Many external influences, as climate, period of the year or day, weather, epidemic constitution, putrefying animal matter, may increase or diminish the susceptibility to the contagia. After a hot summer the susceptibility to dysentery is increased; after a continuation of damp weather, men are more liable to be affected by the contagium of typhus; in winter and spring, during the prevalence of north and east winds, there is the most susceptibility to the croup-contagium, and in general there is more tendency to be affected by infectious matters at night than in the daytime. (cholera attacks generally occurred at night between three and six o'clock.) So also in spring, with a favorable epidemic constitution, the itch spreads more rapidly and becomes more general; and in the fifteenth century syphilis became epidemic. Butchers, tanners, and soapboilers, in consequence of their constant use of animal matters, become less susceptible, and are, according to reliable observations, peculiarly secure against contagia. Men who work in sewers do not readily take the itch. Medicinal substances also have the power of reducing or removing the susceptibility to certain contagion; *Belladonna* has this power in relation to scarlatina, (Hahnemann and others); *Sulphur* to measles (Arnold) and hooping-cough, &c.

6. *Habitude.* Constant exposure to contagion reduces the susceptibility to its influence; of this, physicians, nurses, priests, and grave-diggers, afford examples. For the same reason, women affected with syphilitic leucorrhœa do not infect their husbands, though other men having illicit intercourse with them become diseased, (Louvrier.)

7. *The tendency to be affected by a contagium more than, or only, once.* The susceptibility of the human organism to contagia is extremely different. There are men, (a.) who are insusceptible to certain contagia in any circumstances, so that they have escaped them through life, though having often been exposed to them; as, for example, scarlatina, rubeola, variola, plague, typhus. The cause of this exemption is, the *total absence of the second factor* in the production of disease, namely, *the predisposition*. In such cases the organism may be compared to a barren woman. Again, (b.) We observe certain contagious diseases, after the complete and perfect action of which all susceptibility to the same contagia ceases, and the individual is protected against them through life, as variola, rubeola, scarlatina. The cause of this is, that the *second factor, the predisposition, has been entirely expended in one morbid process, in one fructification*. The organism has an aptitude to generate such a product *but once*, and this once having occurred, all susceptibility to the stimulus, the contagium, is at an end. (c.) In other cases the susceptibility is suspended by the occurrence of the disease *only for a certain period of time*; (thus kine-pox destroys it for 10 – 15 years.) Here also the susceptibility is for the time entirely removed, but the organism has a tendency, through the action of various external or internal influences to renew it, and thus to render a second germination possible; or may it be, that the predisposition to variola is again so soon produced, because the vaccine matter had been modified or rendered quite inert, by a too rapidly repeated removal from the pustule? (d.) The susceptibility to the contagium may *not be lost* by the transit of the morbid process, or *may be suspended only during the prevailing epidemic*, to reappear with the next. This is the case with typhus, cholera, yellow-fever, dysentery, &c. In such cases the cause of the recurrent disease is to be found in the *reproduction of the predisposition of the organism* to be acted upon by the corresponding contagium.

As regards this point, a distinction has been made between *acute* and *chronic* infectious diseases, or between general and local contagia (contag. universalia et local.) The former are defined as those which affect the whole organism, the latter affecting individual portions only; the first are febrile, the last non-febrile; by the first the tendency to be infected is destroyed for life, by the last it is not. It is plain, however, that there is no ground for such a distinction, if we take a right view of disease, regarding it always as a local life-process existing in life. A morbid process cannot be universal, since, if it were so, the vital functions would all be perverted, and death must necessarily ensue. It is also the case that the local contagia, as they are called, have a circle of action as broad as that of the other classes. They are not so rapid in their course, but if time be allowed them, they become quite as universal, or even more so; this is seen in erysipelas, psora, syphilis, yaws, and pians. So also, in certain circumstances, the non-febrile diseases become febrile, and *vice versa*, those ordinarily attended with fever are free from it. Syphilis was formerly a decidedly febrile disease, and as *lues universalis* it is now always so; febrile excitement is always perceptible in chancre cases, as also in strongly developed psora. Starck reasons justly, that the probable cause of the usual absence of fever in local contagia is, that their progress is interrupted by medical treatment, before having reached the febrile stage.

8. *The capability of being affected with one only or more than one contagium at the same time.* It is in general the case that the presence of one contagious disease in the organism renders it insusceptible of another at the same time; it does sometimes occur, however, that two coëxist in the same individual. Thus there may be at once variola and rubeola, variola and scarlatina, (Hufeland,) hooping-cough and measles or scarlatina, variola and plague, syphilis and psora, leprosy and psora, &c.; in all such cases, however, we shall find, on careful examination, a separation, either in time or locality,

between the two morbid processes. Thus we may observe variola on one side of the body, and rubeola on the other ; or one contagium may remain latent during the progress of the other disease, producing its specific effect after the other has run its course.

9. *If the susceptibility is very great and strongly manifested, a very small quantity of the infectious matter is sufficient to give rise to the corresponding disease ; vice versa, when the susceptibility is very small, the intensity of the contagium must be proportionately increased.*

(7.) *Atria for the admission of Contagia.*

It may be said, in general, that the contagium is received by the superficies, internal and external of the body ; yet, every specific contagium selects, for the commencement of the morbid process, a particular organ which has a susceptibility to be thus acted upon. Some contagia act first after being received into the lymphatic or sanguineous systems, as the virus of rabies canina, of hospital-gangrene, and of kine-pock ; others again, when brought into contact with the mucous tissue or the external skin. In all cases it appears certain that the contagia must be introduced to the lymphatic, sanguineous, or nervous systems, immediately or by imbibition, or endosmosis, in order to the production of disease.

(8.) *Operation of the Contagia.*

I have already said that the operation of a contagium consists in this, that it introduces into the susceptible organism a pathological condition in the highest degree similar to the morbid process which produced the contagium, and which is itself capable of re-producing the same contagium. This process is then analogous to that of germination and reproduction in organic life, and the formation of the disease, viewed in relation to the process, cannot be regarded as any thing abnormal ; it is abnormal only when viewed in relation to the

organism, upon which it intrudes as something heterogeneous, causing irritation, congestion, fever, inflammation, suppuration, &c.

It is very difficult to separate the action of the infecting agent, *i. e.* the symptoms which are produced by the conjunction of the contagium with the predisposition, from the symptoms indicating the actual progression of the disease. Thus giddiness, headache, nausea, vomiting, fainting, are given by many pathologists as symptoms of the inception of the contagion, while others see in them manifestations of the already begun disease. According to our view, all symptoms, whether the organism be more or less deranged, are the expression of the action of disease, which has already taken root, and has entered upon a process of formation. We rest this opinion upon the ground that a contagium, if it meet with no adapted substratum for the formation of a *tertium quid*, either in the general or in a special predisposition, will not act at all; or if it should act, it must have had such an intensity as—like concentrated hydrocyanic acid—to destroy suddenly the entire vitality. But even in this case there is formed an antecedent disease, though the process is so rapid as not to be susceptible of demonstration.

Transient symptoms should not lead us to suppose that they were caused by the action of the contagium alone upon the organism, without the co-agency of the predisposition, since they may have had no connection with the supposed cause, or they may have been symptoms of a very slight disease. The contagious disease, after it is already formed, may be often checked in its development, caused to abort, by the spontaneous action of the organism or by the use of medicines, and then all symptoms cease.

Furthermore, it is not always necessary that there should be manifest symptoms of the diseased process immediately after the reception of the infection; on the contrary, a longer or shorter interval may elapse, which interval is called the *stadium*

delitescentiæ. The delay in the manifestation of the morbid process is greater or less according to the intensity of the contagium and the degree of the existing predisposition; the latter may be very slight, or so strong as itself to amount almost to disease; in this case the disease is rapidly and energetically developed. Hence, the duration of the latent state must be various; observations show us that it may range from a few minutes only to weeks, in some cases even to years.

If now the formed disease emerges from the latent state, or if the formative process had been going on from the beginning, the effect of this becomes more evident.

Since, in every formative process there is an exalted life-activity in the affected organism, it is to be presumed that in the formation of a contagious disease there is involved an increased activity, though sometimes the reverse is apparently the case. This increased activity arises in part from the process of formation, in part from the solution and separation of the elementary parts of the organism in which this heterogeneous, abnormal, and destroying process is going on. From this separation of the normal, elementary-relations on the one side, and on the other, from the increased activity in new formation, must necessarily result two symptoms which always show themselves, though in a greater or less degree according to the preponderance of one or the other activity. These are, chills and heat, which we have formerly said are produced by the plastic process, or by the separation of matters already formed. We will take another opportunity to investigate further these remarkable symptoms, which are more or less constant companions of fever, and which have hitherto defied the researches of pathologists.

In opposition to the formation of the disease as a heterogeneous potency, there is now excited the "activity of attraction" of the organism, in order to maintain its integrity, to check the morbid process, to eject or render harmless the product; on the other hand, the abnormal plastic activity seeks

to maintain its existence and its ground at the expense of the organism. In consequence of this double activity, symptoms, which were not before present must manifest themselves; hence arise chills, heat, nausea, headache, giddiness, sneezing, vomiting, diarrhœa, itching and burning of the skin, weakness, &c.; symptoms proceeding in part from the vascular, and in part from the nervous system, or from both together; and the disease develops itself even more widely. If the morbid process is local, not very intense, and not affecting one of the more important organs, the symptoms will be more local and the irritation or inflammation will be less acute; if, on the other hand, a more noble organ is attacked and if the process is energetic, the symptoms will be more universal and there will ensue inflammation, suppuration, fever. In these appearances, showing the progress and development of the morbid formative process, (the disease,) we recognize the expression of the organism that it is impeded and disturbed in its vital functions. They result from the contest between the individual life (the organism) and the morbid formation, each striving, after its own manner, to maintain itself at the expense of the other.

If the disease continue to spread and increase it becomes more and more dangerous to the organism, and the symptoms become more marked and manifest; thus we have fever, inflammations of various kinds, with suppuration, (cutaneous eruptions, with pustules,) swellings, separation of the elements of the blood, dysentery, and — when the nervous system comes into the sphere of morbid influence — spasms, delirium, mental derangement, (abnormal mental activity.)

The disease having attained its perfect development it acquires now the capability of producing and giving off its similar; that is, a new infecting material, which appears sometimes in combination with mucus, pus, lymph, sometimes with the cutaneous and pulmonic secretions, and which is able, acting upon a favorable predisposition, to produce a specifically like disease. The disease having now passed its maximum, and

having exhausted the predisposition which it found in the body, undergoes a new change, like that which occurs in other forms of life ; its powers of assimilation become weaker, and the formative process ceases, (it dies,) and with this comes to an end its substratum and its body. The lifeless forms in which we recognize it are, colliquation, ulceration, sphacelus, crusts, scales, &c. which dead remains of the disease are cast off by desquamation, or in the excretion. If the vitality of the disease is small in comparison with that of the organism, and if the assimilative functions of the latter are all harmonious, the former may die in the *stadium delitescentiæ* ; or it may be disturbed and checked in its formation and development, so as to lose in a measure its ordinary distinctive character, and on being cast off, the organs which had suffered quickly regain their integrity. If, on the other hand, the vitality of the disease is great, and the state of the organism favorable to its development, it spreads more and more over the organs susceptible to its action and which serve as its substratum, and ends only when it has exhausted all the material upon which it could act, being then ejected from the organism as dead matter ; or, it ceases because it has destroyed all the powers of assimilation (similarity relations) of the entire organism,—has killed it—and has thereby given itself also the death-stroke, because it finds no longer any thing upon which to subsist.

We have stated, as a general fact, that the operation of the contagium consists in introducing into a susceptible organism a disease in the highest degree similar to that which produced the contagium. If we examine more critically, however, we find that in some cases there is a difference between the producing and the generated disease—the parents and the offspring—both in their nature and in their action upon the organism. Thus the contagium of variola sometimes produces merely varioloid or varicella ; the matter of chancres causes gonorrhœa ; the syphilitic virus produces pseudo-syphilis, &c. In like manner the generated disease may sometimes manifest

a higher activity, stronger fever, than the preceding ; at others, a lower activity, and little or no fever ; sometimes it shows irregular symptoms, as an exanthem in typhus, whooping-cough, and yellow-fever. The cause of this lies either in the concurrent action of two contagia, as typhus and scarlatina, or in the natural or artificial alteration of the predisposition, (as the modification of the variola-disposition by inoculation,) or in the sex, age, period of the day or year, constitution, hereditary tendencies, medicinal affections, &c. In these cases there is produced, as it were, a bastard disease which still has the chief characteristics of the primary infection, just as in some species of animals, a mongrel is produced by the copulation of unlike, and yet similar, species. The irregular action of the generated disease is also often caused by a complication of the contagium of the infectious disease, with the matter of some other affection coëxisting in the person of the infecting patient. Thus, by vaccination, scrofula, psora, milk-scab, tinea, syphilis, gout, &c. may be transmitted to another subject, whereby not only will the operation of the vaccine matter be modified, but if there be a corresponding predisposition, sooner or later a peculiar bastard disease may be developed. The above statements are equally applicable to those cases in which the predispositions have been modified by the use of *Mercury*, *Iodine*, and other medicinal substances which act deeply upon the organization.

(To be continued.)

HOMŒOPATHY IN THE YEAR 1849 IN GERMANY AND ENGLAND, WITH A GLANCE AT ALLŒOPATHIC MEN AND THINGS : BEING TWO PRELIMINARY DISCOURSES, DELIVERED IN THE HOMŒOPATHIC MEDICAL COLLEGE OF PENNSYLVANIA. BY C. NEIDHARD, M. D., Professor of Clinical Medicine.

LECTURE I.

GENTLEMEN :

Whilst visiting Europe during last summer, I committed to paper my first impressions of homœopathic men and institutions. But as I did this very hastily, generally after the fatigues of the day, a very great imperfection was naturally the result of my observations.

For some time I hesitated whether to communicate these notes or not, but on looking them over again, I thought that among all the rubbish, you might still be able to pick up some particles of gold, that would repay you for your trouble. I have also availed myself, in these preliminary discourses, of the privilege generally conceded to lecturers on medicine, to take a wider range of subjects.

Munich, the capital of Bavaria, is the first city where I staid a sufficient length of time to become acquainted with some homœopathic physicians, and to inform myself of the progress of the art in Germany.

To be sure, on my way, I passed through Aix-la-Chapelle, Cologne, Frankfort, Würzburg, in each of which towns there reside, no doubt, eminent physicians of the new school, but I had no time to make their acquaintance.

I hastened on to Munich and Vienna, the centres of the homœopathic movement in Germany and Austria, if we except Saxony, where a large circle of practitioners have acquired great influence ; and Baden, where Griesselich in Carlsruhe,

Professor Arnold and Dr. Segin in Heidelberg, and numerous other physicians have been active in the cause. Dr. Griesselich has, no doubt, mainly contributed to this result in the south of Germany, by his powerful advocacy of Homœopathy in the Hygea. Of his lamentable death, by a fall from his horse, when riding through the streets of Hamburgh, some of you have been informed.

The first homœopathic acquaintance I made in Munich was Dr. Jos. Buchner, whose great kindness to me during my first and second visits to that city I shall not easily forget. Dr. Buchner has the largest homœopathic practice in Munich. He, in conjunction with Dr. Nusser in Augsburg, edits the "*Allgemeine Zeitung für Homœopathie*;" and is indefatigable in his efforts to forward the progress of science. He showed me several large piles of manuscript, containing a record of symptoms of various old and new remedies, which will be of the greatest advantage to the homœopathic practitioner. I give you here a detailed list of them :

1. Gummi ammoniacum, (acting specifically on the joints) ;
2. Secale cornutum ; 3. Belladonna, (extended proving) ;
4. Colchicum ; 5. Phosphorus ; 6. Rhus ; 7. Aconite ;
8. Aloes ; 9. Aranea, the black cellar spider ; 10. Argentum nitricum ; 11. Arsenic ; 12. Asparagus ; 13. Croton tiglium ;
14. Sulphur, antim. auratum ; 15. Morphinum aceticum ; 16. Bismuth ; 17. Bromine ; 18. Kalmia latifolia ; 19. Cancer fluviat ; 20. Cainca ; 21. Conium maculatum ; 22. Copaiva balsam ; 23. Lacerta viridis ; 24. Flores zinci. In addition to the above he has added an extensive collection of symptoms to Wibmer's work on the effects of remedies and poisons.

It was always my practice, during my European tour, to inquire into the homœopathic practice of the different medical men whom I met, in order to give the results of my investigations to the American homœopathic student. But I found this task more difficult than I supposed at first, for the most important facts in the practice of any physician do not occur

to him at once, and it is only by repeated conversations that his mode of action becomes at all clear to you. The little, however, that I have gleaned in this way, I will faithfully communicate, if it were only serviceable to corroborate the experience of others. And here I wish it to be distinctly understood that, if I enumerate certain remedies as having been found useful against certain names of diseases, by these German physicians, I merely wish to draw the attention of medical men to remedies, which have been confirmed by repeated, practical trials, in order that they may compare the facts with the results of their own practice. I must most distinctly aver, that the law *similia similibus* must always remain the unerring guide.

Dr. Buchner found the best remedies in hooping-cough to be *Lactuca virosa* and *Cuprum aceticum*; in croup, *Tartar emetic* 1, *Hepar*, s. 1, *Aconite* as intercurrent remedy. In dropsy, from affection of the liver, *Mercur.*, *Aurum*, *Digitalis*. In scarlatina, he relies upon the old remedies, *Aconite*, *Belladonna*, *Mercury*; this last disease being generally in America of a more violent kind, a greater variety of remedies are known to us than to the physicians in Germany, where the disease assumes a lighter character. The best remedy in intermittent fever, according to Dr. Buchner, is the *Alkaloid of Ignatia*. One case of diabetes mellitus he has cured by *Ammon. carbonicum* in chemical doses. An infusion of *Digitalis* he gave in a case of dropsy of the chest, returning every year in July. He mentioned this case because it was one where he had seen the most decided effects produced by any medicine; the patient was an old lady; for three years the disease was arrested successively at the same period. In the fourth year, however, the lungs became paralyzed, and she died. Dr. Buchner intends also to experiment with the *Digitalis lutea*, a species of *Digitalis* which grows abundantly near Munich. The *Digitalis purpurea* grows wild only in the Porphyr mountains. Besides the usual remedies the itch is best

cured by *Peruvian balsam*, externally as well as internally. He related to me a remarkable, although not strictly a homœopathic fact, in the case of a man from whom a stone or calculus had been taken, which on analysis, was found to contain a good deal of copper. This was traced to an ox of whose meat the man had partook freely. The ox had subsisted for some time on grass upon which copper ore had been deposited.

The arsenic in the blood, he thinks, is only an occasional ingredient and produced in a similar way.

Among the interesting men whose acquaintance I made in Munich, I must also mention Dr. Ott, of Mindelheim, a small Bavarian town, at no great distance from Munich. He was district physician there, but owing to his participation in the revolutionary movement of the year 1848, he was deprived of his office. He is the author of a work on "Hydro-Homœopathy," in which he advocates the combination of the water cure and homœopathy as the most certain means of curing every thing, even chronic diseases which could not be cured by one or the other method alone. He is, at the present time, engaged in a new work on the same subject, in which he endeavors to lay down the principles and laws which ought to guide us in the selection of one or the other method. I have myself great faith in this view of the subject, and have always maintained that the two are inseparable; and must, in the present state of our knowledge, often supply each other's defects. The other homœopathic physicians in Munich are, the Professor of Physiology at the University, Reubel; Drs. Trittenbach, Steinbacher, Mahir, Moser, and Pemmerb. This last one has just settled here, after obtaining permission to do so, by paying \$1000 to another physician who was going away, in order to obtain his vacancy. Bavarian physicians, although regular graduates, are not permitted to settle anywhere but by permission of the government; thus forming a guild, or corporation, which no one can enter, except on these conditions. In America, we are hardly aware of the privileges and liberties we

enjoy, because we are so used to them. During the revolutionary period in 1848, an attempt was made in Bavaria to open a free competition to all physicians, and to allow them to practise wherever they pleased, without the license of the government. A petition, signed and headed by the distinguished surgeon and oculist Dr. Walther, and also signed by several younger members of the profession, was handed to the government, praying to grant the free exercise of medical practice to all physicians, as well as that of dispensing their own medicines, but without success. The great majority were not in favor of it. They evidently feared it would diminish their own rentals if the arena was thrown open to a host of young practitioners.

It behooves me to mention in this place one of the German homœopathic physicians, who may be considered a martyr to the cause. It is Dr. Nusser of Augsburg, co-editor with Buchner of the "*Allegemeine Zeitung für Homœopathie.*" He is characterized by independence of thought and a simple mode of life. His success in Augsburg was at first slow, but he tells me now that he has a very good practice. During his former residence in the country, he was overrun with business, exciting, in consequence, the jealousy of the government alloœopathic physicians. The country-town where he lived was often so crowded with strangers coming from a distance to visit him, that the magistrate pretended to be afraid of a revolutionary outbreak, and put his interdict upon it. More than eight times his medicine chest was seized ; as the liberty of dispensing their own medicines had not, as yet, been obtained by the homœopathic physicians, and the revival of this obsolete law was made the instrument wherewith to aim a blow at homœopathy by the adherents of the old system. The American homœopathic practitioner has hardly any conception, to what innumerable annoyances his German and European brethren are exposed. The privilege to practise in any Bavarian town is only granted to favorites, and that these are hardly ever homœopathic physicians may easily be conceived. That

Homœopathy in spite of these difficulties has still advanced so steadfastly in Germany, is to me a marvel, and another testimonial to its inward truth. Had it not been for persecution and opposition, hospitals would have risen all over the land, which would have ruined the old practice in less than twenty years.

The want of success which attended the efforts made to establish an hospital on a firm footing, to which the legislative chamber had already voted \$4,000, was owing to the cowardly behavior of a prince and prime minister who was afraid of compromising his popularity by advocating an unpopular cause. He would not sign the petition, or present it at court, although signed by an immense number of names. In contemplating the life of the European scientific man, particularly the homœopathic reformer, we are again and again led to form comparisons in favor of a similar career in this free republican country. Not easily shall I forget that honest and industrious Dr. Nusser of Augsburg, who so faithfully struggled through all his difficulties, and who is still indefatigable in his endeavors to place Homœopathy on a better footing in Bavaria. It is now eight years since he asked for permission to settle in Munich, but has not as yet received an answer from the government. Another practitioner of the same stamp, Dr. Gerster, resides in the neighboring Regensburg, (Ratisbon.) His labors in the cause of Homœopathy have been unwearied. He is also distinguished as an oculist, and is at present engaged in investigations of chemical pathology, particularly with regard to the importance of the urine in the diagnosis and cure of diseases.

Dr. Buchner also had to contend with many obstacles when he first entered on his homœopathic career. But he took good care to remonstrate in the most powerful language against the different rescripts of the medical authorities, always however signing his name with great politeness. In this way he kept them at bay, and now they leave him in peace. Under the

head of Munich, it may be noteworthy to state that provings are to be instituted for testing the pathogenetic effects of the *Aconitum lycoctonum*. It is said to be superior to *Aconit. napellus*, in arthritic and rheumatic affections, whilst the latter is more purely specific in inflammatory diseases. Dr. Ott has found *Baryta carbonica* the best remedy in tinea capitis. Dr. Ott also believes that the leaves of different plants are more useful in inflammations, whilst the seeds are to be preferred in exudations. This is particularly the case with *Colchicum autumnale*, of which remedy the seeds are much more active in dropsy of the chest, than the leaves. According to Dr. Ott, the best remedy in all atonic hemorrhages is *Ipecacuanha*. In indolent ulcers Dr. Moser pronounced himself very successful by merely giving *Belladonna* for the removal of the pain, and *Arsenicum* for the proud flesh. *Sepia* $\frac{1}{200}$ is used by Dr. Nusser in many chronic periodical headaches with the happiest effect. *Plumb. ac.* $\frac{1}{200}$ he prescribes in many cases of chronic constipation, where the other symptoms agree. He has also made extensive experiments with the high potences, and prefers them in one third of the cases he attends. In the rest he uses the lower and middle dilutions. He generally mixes the medicines in water, that is, a number of medicated globules are mixed in a vial, to preserve which a few drops of spirits of wine are added, and of this mixture he gives a teaspoonful according to circumstances. We conversed several times on the importance of the periodicity of the remedies, as a deciding point for their application, where the characteristic symptoms of the disease and remedy were precisely the same in several remedies, what should govern our decision? They did not seem to me to pay the attention to it, that several of our distinguished homœopathic physicians demand, and, according to my own opinion, with justice. I advocated as a main guide the similarity of the color of the remedial agent and the disease. I have always thought color to be the highest physical characteristic of a thing. According to

Goethe, there is something *dæmonic* in color behind which the Godhead immediately appears.

Linz. Furnished by my friends in Munich with letters for Linz and Vienna, I directed my way to these cities, in the early part of July. The first point of attraction in Linz, to a homœopathic physician is of course the homœopathic Hospital. I visited it both on my way to Vienna in July, and on my return in August, 1849.

The physician is Dr. Reis, who had the kindness to conduct me all over the Institution, and to explain every thing. The Hospital consists of a fine building, three stories high, with a wide front entrance. The first hall, on entering, is appropriated for the exercise of charity and where the poor receive soup, &c., gratis. To the right of this is the kitchen, and a small room for the reception of the polyclinical patients, where they receive the medicine prescribed by the physician from one of the sisters. This intelligent lady, who looked herself the picture of health, had superintended this branch of the establishment for more than eight years. She puts up all the medicine according to the prescriptions of Dr. Reis. Behind this room is the Pharmacy. Here we find all the dilutions and triturations from 1 to 60, arranged in a very superior manner behind glass cases, — and also still higher dilutions. The sisters prepare all the medicines. They make tinctures of the plants growing in the vicinity themselves. Such as they do not find here, they procure from a trustworthy apothecary in the neighborhood. They are all prepared according to the method of Mr. Gruner of Dresden. The triturations are from 10 to 90. The whole *ensemble* of the pharmacy is striking and very orderly. Dr. Reis generally prescribes the medicines in the form of globules as large as small pills and often repeats the dose. *Sugar of milk* is obtained very cheap from the Tyrolese mountains. The *Alcohol* is prepared by the sisters themselves, from inferior spirits of wine by distillation. The number of the sisters is about sixteen. All recommended may be admitted

provisionally, but they have to undergo a trial of six months before they are finally accepted. Archduke Maximilian, an immensely rich man, is the patron of the institution. He has himself formed the plan of the Hospital which is very excellent as to its interior arrangements and conveniences, but by no means symmetrical in its proportions as a building.

It has been for some time past with Dr. Reis, a favorite idea to have some beds appropriated for the reception of children, because the results obtained under homœopathic treatment are so much more striking in their case. All that was necessary to be done, was that a lady from Linz should write to the Archduke, and the request was immediately granted. The institution now possesses six beds for the reception of male children, and six for female children from two to twelve years of age. The section of the Hospital set apart for children is the cleanest and most beautiful part of the building. It overlooks a large garden, in which all the vegetables used by the sick are raised, and where there are pleasant walks for the convalescent patients. Each bed has a good hair mattress, with hair pillow, coverlets of excellent material and linen sheets, as white as snow. The Empress of Austria, out of her own private purse, presented some of the furniture and house linen. On the left side of the hall you enter the women's apartment, with ten beds on each side, every thing having the same clean appearance before mentioned. The sick women in their beds also looking comfortable. Even the dressing-gowns which they put on after their recovery, on sitting up, are provided for them by the institution. On the 2nd floor were 20 beds for the men, arranged in the same order. The sisters live together in one room on the right side of the building; the superiors have their own rooms. Each patient has a blackboard over the top of his bed, as in other hospitals, for the purpose of noting down the name of the disease, day of reception, &c. The windows throughout are large, and the rooms in consequence airy. Besides the large kitchen on the first floor, there is a smaller one attached to each

floor for temporary purposes. The facilities for the use of cold water are not so extensive as in the Viennese institution.

The disease most prevailing at the period of my visit was Typhus abdominalis, successfully treated with *Arsenicum*. The great thing in the treatment of Typhus, according to Dr. Reis, is Individualization, a truth which cannot be expressed too often. All phenomena must be taken into consideration, in order to obtain a happy result. The majority of the cases had a vesicular eruption all over the body. The cases, having this eruption, always terminate favorably. Several of them were followed by intermittent fever. One case of this last disease he cured with *China* 60; ten other cases of tertian intermittent fever he cured with *China* $\frac{1}{100}$. The paroxysm coming on each time two hours later and weaker. He corroborated also my experience, that in some cases *Quinine* is necessary because it is specific. He has, however, always found the first trituration sufficient. There were also several cases of acute rheumatism in the wards. One case very much resembled a case which I had attended in Philadelphia. Dr. Reis treated the case — a painful swelling of the right hand rendering it almost useless — with constant application of cold water. Internally he only prescribed *Aconite*. In my own similar case, I had used *Bryonia*, *Calcarea*, and *Lycopodium* with great benefit. Dr. Reis mentioned to me a case of his own personally, which is instructive as throwing some light on the action of the high potences. He had suffered for some time with palpitation of the heart, constant roaring in the left ear and rheumatic affection of the back. The ear, as well as the palpitation of the heart were easily cured by *Aconite* 1. Not so the rheumatism, which remained the same. *Aconite* $\frac{1}{200}$ however cured it immediately. The action of the medicine was the more remarkable, because he had previously partaken of coffee, and the rheumatic pains also did not return notwithstanding his being exposed for three days to wet and cold. After a long interval he had again an attack of rheumatic pain, which was again cured by *Aconite* $\frac{1}{200}$. In pneumo-

nia, or inflammation of the lungs he is as successful with *Aconite* as with *Phosphorus*. *Tartar em.* 2 is however still more frequently indicated. In one of the most severe cases of hepatization of the lung, *Bryonia* $\frac{1}{200}$ relieved the patient after causing a violent aggravation. A case of aneurism of the aorta descendens, diagnosticated as such both by himself and another physician, was cured by *Plumbum aceticum*, $\frac{1}{100}$. A case of scurvy, where the gums were nearly black, was cured very quickly with *Sulphuric ac.* In violent metrorrhagia *China* 1 was the best remedy. In almost all kinds of spasms Dr. Reis found applications of cold water to the spine the most reliable means of affording speedy relief; also in a species of coma. With regard to psora Dr. Reis thinks that external remedies are absolutely necessary for its quick cure. Neither cases of syphilis or psora are however admitted into the hospital. As will be seen above Dr. Reis does not reject the employment of the high dilutions, which he himself prepares. But of late he makes little use of them, because he can perform the same cures equally well with other preparations, avoiding the trouble of preparing them, which will always militate against the use of the high potences. One of the most invaluable medicines used by him in the high potency is *Sepia* $\frac{1}{100}$ — specific in the *constipation of the bowels of women afflicted with carcinoma uteri*. It generally produces copious passages of a consistent nature.

The number of patients treated per annum at the Homœopathic Hospital at Linz amount, on an average to 800. I cannot help, in this place, paying a tribute to the liberality of Dr. Reis, in freely opening his hospital to any physicians or students who wish to inform themselves of the true state of the homœopathic art of cure by verifying its professions at the bedside. A large number of the most talented physicians in Austria have been thus converted to Homœopathy. Dr. Reis accords to them full liberty to prescribe themselves and observe the effects of the medicine. During my sojourn at Linz Dr. Caspar of Prague had been studying three months at the Hos-

pital. His great object was to establish, at least in some cases, the unimpeachable fact that, without any doubt, the cure must necessarily be attributed to the influence of the medicine. He rejected every case where nature could be sufficient to cure the disease. At last after long debate, three cases were adopted, in which nature alone and without the aid of medicine could never have performed the cure. The case of aneurism mentioned above was one of these. At this time Dr. Reis is actively engaged in making a new and extensive series of experiments at his Hospital with the high potences, the result of which he has promised to communicate to me forthwith. Hitherto he has not found them entirely to answer his expectations. The middle and lower dilutions were more successful in his hands.

It has been for a long time the cherished wish of Austrian Homœopathists to establish a homœopathic chair, or College, connected with their Hospitals either in Linz or Vienna, the practical advantages of which would have been evident to every one. The plan had been already to a certain extent matured, when the revolutionary movements, of which their country has been the theatre, put a stop to every thing. Dr. Reis had intended to take the clinical chair and give lectures at the bedside. Dr. Hubner, another homœopathic physician of Linz would have lectured on pharmacy and theoretical Homœopathy. The Linz homœopathic physicians are still convinced that after the country is more tranquillized, all these plans will be put in execution.

Most of the Austrian homœopathic physicians belonging to the liberal, or republican party, were deeply involved in the Vienna revolution, and many of them had to fly after the hopes of the friends of liberty were prostrated. This revolution, so fatal to so many high aspirations and hopes, also prevented the Archduke Maximilian from adding another Hospital of 120 beds to the present institution. The Hospital in question adjoins the present one and is now in alloëopathic hands. It belongs to the Brothers of Charity. The Archduke's means having been

crippled by the revolution, he was unable to make the purchase this year. The most remarkable thing during my intercourse with homœopathic and alloëopathic physicians in Europe was the universally prevailing wish to emigrate to America, even in such whose position and practice would preclude such an idea. The despotism of kings and bureaucrats seems to weigh heavily upon our brethren in Europe. Although homœopathy is in Austria in the most flourishing condition, being supported by the wealth and intelligence of the land, it would have risen still higher and extended over a wider sphere, if the illiberal measures of the government had not constantly thwarted it. I had some difficulty in persuading these discontented friends of homœopathy, to persevere in propagating our doctrines, which by making man healthier, will make him also freer and wiser. The day of justice will come at last.

The Sisters of Charity form a peculiar feature in the Austrian homœopathic hospitals, their ministering spirits. In sweetness of expression and intelligence I have hardly ever seen their equals, except in our societies of Friends, whom in many respects they greatly resemble, although the enthusiasm with which they fulfil their charitable calling has marked their faces with an expression of still deeper devotion. Dr. Reis thinks, that they are particularly distinguished by their great powers of observation, and in diagnosis would shame many a physician. Many times, in cases of sudden emergencies, they have made the most judicious prescriptions, and perhaps have saved the lives of many by their prompt action.

I had wished to obtain complete statistics of all the cases treated at the hospital from the time of its commencement, but Dr. Reis, who has a most extensive practice, said, he could never find time to do so. The general results of the practice have been from time to time communicated in the Austrian homœopathic "*Jahrbuecher*," but never a detailed account. I was glad to hear from Dr. Reis, that he is on a much more pleasant, if not friendly, footing with his alloëopathic brethren

than formerly. They, at least, have ceased to be openly inimical.

The young student of homœopathy ought particularly to be impressed with the idea that his success is of less importance than the success of our great cause. That by cultivating a spirit of generous rivalry with his future colleagues, success will come in spite of all the obstacles that may be opposed to him. Let him, in the first place, devote himself with all possible zeal to this new science; let his mind and whole soul be absorbed in its investigation, and every thing else will follow naturally. The school of Forbes, as well as that of Skoda, both being about the same, seem to have many followers in Austria; and, notwithstanding their pretending to give no medicine, will still continue to do so.

A very gratifying piece of news from this country is, that a new homœopathic hospital, under the auspices of the Sisters of Charity, will also soon be opened at Steyer, a neighboring city, and that a homœopathic physician from Vienna will be sent to attend it.

In Linz, there are several other homœopathic practitioners.

In Salzburg, there is an excellent physician highly spoken of by every one.

I must advert in this place to a plan, which has been proposed and discussed with some members of the Union, for the physiological proving of the *materia medica* at Munich, as well as with such homœopathic physicians of Liverpool, and England generally, as are engaged in the noble and arduous task of improving our therapeutics, by trials of old and new remedies. It is the following: The German and English unions (for the physiological proving of medicines) shall unite with an American society, yet to be formed, to publish the symptoms collected from these various sources simultaneously in Liverpool, Munich, Vienna, and Philadelphia. The different societies, one after the other, shall propose a remedy for trial, which shall be proved by all the members of the different unions. The remedy

receiving the majority of votes shall be tried first. In order to become a member of the union, the following conditions shall be required :

1. No one shall be elected a member who shall not have made some trials on the healthy ; or,

2. Transmitted, at least, one complete trial to the union.

A full statement of the plan will soon be communicated, I will only add here, that the active coöperation of the most distinguished provers in England, as well as Germany, has been promised. Thus a generous rivalry will be excited between the advocates of our cause in different parts of the world.

Every medical man should consider it his bounden duty to contribute something, every year, towards the improvement of the *materia medica* by experimenting with some new remedies. And let me ask you, gentlemen, the hand upon the heart,—is not the physician, or even layman, who daily profits by the invaluable records handed down to us by our great master, in duty and conscience bound to furnish his share in the continuation and farther advancement of this great work ? Does not every practitioner, even in the days of homœopathy, which can effect so much, occasionally meet with cases which he can not cure, but which the quack or old woman can ?

I am not ashamed to confess this. But what is the cause of it ? Is the homœopathic law insufficient ? By no means. It only furnishes the evidence, that there are still many plants and substances, of whose pathogenetic effects we are ignorant. A friend of mine from New England lately made the suggestion to me, that for the true interests of science the homœopathic physicians should not only publish their successful, but also their unsuccessful cases. I highly approve of the plan and cannot but think it would be of the greatest service to our cause.

The true position of the homœopathic school is clearly defined in the following remarks by Dr. Watzke : “ Hunter, Bichat, Reil, Müller, Roesch, Valentin, Romberg, Stark, Canstatt,

and others, have established the physiological basis of pathology, which has already advanced to a high degree of perfection. Wepfer, Morgagni, Meckel, Andral, Bouillaud, Cruveilhier, Louis, Auenbrugger, Laenner, Skoda, Rokitanski, Kolletschka, Lobstein, Berres, Güterbock, Simon, Gruby, and innumerable others, have commenced with most surprising success the construction of a new diagnosis, by means of pathological anatomy, (auscultation and percussion, microscopical examinations, and chemical analysis of morbid products.) Orfila, Heraubstuedt, Schneider and Wibmer, have cultivated the anatomy of diseases produced by medicinal influence. Although the latter investigations were carried on for a very different object, they will, in the main, aid the specific school. Finally, Hahnemann has with iron industry and perseverance undertaken the gigantic labor of building up a new pharmacology and new therapeutics, by means of his trials of medicines on the healthy, and from autopsy of those diseased by poisoning, as well as the application of the results thus gained at the bedside."

Joerg, Trincks, Hartlaub, Noack, Stapf, Hesse, Hering, Helbig, Wahle and many others, have continued this great work. It is to you, the young physicians of America, where the new science is already most widely disseminated, that the country looks for the fostering and farther advancement of the labors of Hahnemann and his disciples. To you falls the imperative duty, which you cannot throw aside for a moment without becoming recreant to your higher convictions, to prove the great number of valuable American plants, and other substances of the animal and mineral kingdom not yet experimented upon, a knowledge of which will alone enable you to subdue thoroughly the numerous diseases of this continent. As the clinical instructor in this College, I consider it my particular duty to invite you to these trials, which, besides their indispensable necessity for the improvement of the *materia medica*, are of advantage to the student by exercising his talent of observation, the most useful one to the physician. The establishment

of a reform in medicine in the threefold manner mentioned above is *the problem of our times*. Our life is devoted to the final solving of this question. Placing ourselves firmly on this basis, we have the right of demanding to be judged according to this position, which we have taken and shall not relinquish.

PRACTICAL COMMUNICATIONS.

BY DR. J. SCHWEIKERT, OF BRESLAU.

(Continued from page 92 Vol. II.)

III. *Inflammatory Brain — and Brain Membrane Diseases.*

Encephalitis vera. Otto Koch, a thick headed, good conditioned boy four years old, who was already in his first months of life frequently afflicted with convulsions, became afterwards emaciated to a skeleton, in consequence of an *atrophia meseraica*, which set in, accompanied with a double *hernia inguinalis*. I can only remember from that time that he received principally *Baryta muriat.* and *Arsenic* against the atrophica, and was thereby saved from a certain death. He recovered afterwards so well completely, that, previous to the disease now to be related, he seemed to be a picture of perfect health.

On the 30th of June, 1848, at 6½ P. M., the boy was suddenly seized with most serious general convulsions, after having a few days previous complained only of headache. During my absence Dr. Tuleff gave him *Aconite* 1, and *Belladonna* 1, for 2½ hours, and ordered cold water to be poured upon his head, while the patient remained quite insensible, uttering not a sound: At 9 P. M. I found him in the following state; the general and burning heat of the skin, which existed before the cold water application, was reduced to a mean temperature; pulse small,

hard, almost uncountable ; general convulsions of the extremities, of such a nature that on the left side they were more of a clonic, and on the right more of a tonic character, the right limb and arm being mostly stiff and immovable, while the left extremities were in constant twitching and trembling motions ; with spasmodic, twitching motions of the muscles of the face. The eyes mostly open and staring ; occasionally, however, during the spasmodic contractions of the muscles of the face, for a very few moments closed ; the pupils completely dilated, and not contracting on entrance of light, the lower jaw tightly pressed upon the upper jaw, sometimes grinding of the teeth. Respiration stertorous in the highest degree, with loud rattling in the chest, intermitting occasionally 8 to 10 seconds, as in a dying state, so that every moment a paralysis of the lungs might be expected. I considered the patient to be irretrievably lost, and was at first of opinion, that the form of hydrocephalus was before me, called water-paralysis by Göllis ; consequently, I gave a very unfavorable prognosis, remarking, that, if the patient should recover from this disease, contrary to all expectations, he certainly must be destined to eminence in this life, inasmuch as he once before had been saved by homœopathic treatment from a highly dangerous state of atrophy. We concluded to give him *Cuprum acet.* and *Stramonium* in alternation, as apparently the best adapted remedies. He received forthwith *Cuprum acet.* 1, 1 grain between the lips, and after 10 minutes 3 drops *Stramonium* 1 ; besides cold fomentations upon the head. After he had taken two doses of each remedy, the convulsions of the extremities abated somewhat ; the hands and feet however became cooler, the left arm and left leg relaxed, as in a dying person, respiration so stertorous and intermitting, that we feared a paralysis of the nervus vagus would soon take place and gave therefore *Phosphor* 1, one drop upon sugar. The only perceptible encouraging indication in this state was, the re-contraction of the pupils on the entrance of light, which had not previously been the case. After 15 minutes, *Cuprum acet.* and *Stra-*

monium were continued. At midnight we saw the patient again. The convulsions had considerably abated; but a dreadful vascular reaction had set in; the whole body, especially the face, was glowing hot and dark red, the carotids beating hard and full, the eyes vividly red, the pupils however contracted. On again pouring very cold spring water upon his head, from a pitcher, he began to cry out, which both of us took for a favorable symptom. He received now from a solution of two grains *Cuprum acet.* 1, in water, and another solution of 10 drops *Belladonna* 1, every quarter of an hour, in alternation. We choose the latter remedy, on account of the very strong vascular reaction and congestion towards the head. The next morning the patient was sitting up in bed, playing with a violin. Pulse reduced to 120, and its hardness gone, only in the eyes was still a somewhat confused, staring expression. There had been much uneasiness during the night, towards morning however, he had perspired, and the convulsions had entirely left him. We now saw, that we were mistaken in regard to the diagnosis, that no exsudation could have existed; that the disease, however, was an inflammation of the basis of the brain and the medulla oblongata, which under the cruel and inefficient alloëopathic treatment, almost always passes into hydrocephalus. The patient took *Cuprum acet.* and *Bellad.* up to the 3rd of July, on account of the still continuing vascular reaction. On the 4th of July he was dismissed as cured.

In conclusion, I must state that in neither of these three cases was there a worm-sickness, to which those symptoms could have been attributed. No impartial physician can object to the diagnosis; and Homœopathy may well be proud of such cures. These instances prove at the same time, Hahnemann's incorrectness of opinion, in relation to the great mischief caused by stronger doses of homœopathic remedies in very acute diseases on account of the greater susceptibility. Acute inflammation of the brain, is a frequent disease among children in Breslau, and I have performed many cures, like these related, and I can

affirm that I have never seen a homœopathic aggravation from the first dilutions of *Belladonna*.

IV. *Aconite* — *Intermittent Fever*.

Aconite has been recommended against intermittent fever in Hartmann's Therapeia of acute diseases ; but the particular characteristics of those cases where it is homœopathically adopted, are not given. I am not acquainted with any particular accounts of intermittent fever in the homœopathic literature, cured by *Aconite*. This remedy was first successfully employed against intermittent fever here in Breslau, by my colleague, Dr. Wipprecht ; afterwards I tried it myself, and give the following instances of striking cures.

1. Mr. Linke, blacksmith, a robust man, about 30 years of age, who for years was afflicted with a chronic catarrh of the windpipe and mucous membrane of the lungs, had on the 30th of May, 1840, the third paroxysm of a febris intermittens tertiana. The fever had advanced two hours every time, and set in on the day mentioned, at 7 o'clock, A. M. Violent chills, from 1½ to 2 hours duration, with great thirst, incessant nausea, several times even bilious vomiting ; sensation in the whole body as if from a bruise ; beating pain, especially in the occiput, extending over the whole head, sensation of stiffness in the neck, very violent heat and perspiration, the whole lasting from 5 to 6 hours ; pulse very much accelerated and full ; no appetite, bitter pappy taste ; constipation, *Prescript.* ten drops of *Aconite* 1, dissolved in a tumbler of water, every hour one teaspoonful to be taken.

The next paroxysm (first of June) was still more severe and of 10 hours duration ; the headache, however, as well as the stiffness of the neck, had somewhat abated.

On the third of June, the paroxysm was considerably weaker, and on the fourth, the fever did not appear at all. Up to this time the patient took *Aconite* in the same dose. He received then a few doses *Nux vomica* 30, on account of the coated

tongue and bad taste ; and after a few days those gastric symptoms were removed. Eight weeks afterwards there had been no relapse.

2. Count Witthold de P. a very lively and talented young Pole, 11 years of age, had intermittent fevers in the spring of 1846-7. In 1846, he was treated alloëopathically with *Chinin*, and experienced several relapses ; he had no better luck under my treatment in 1847. On the 27th of May, 1848, he had the first, and on the 29th the second paroxysm. The fever was marked by the most violent febrile excitement, by incessant pain in the back part of the head, extending even into *the apyrexia*. There were no gastric symptoms during the paroxysm except nausea and want of appetite. After the second attack he received one drop of *Aconite* 1, every two hours. The third attack, on the 31st of May, was considerably weaker. *Prescript.* the same. The paroxysm to be expected on the second of June did not appear, and the gastric-symptoms were gone. Up to this time, the 8th week, there has occurred no relapse.

3. Mrs. L. a perfectly healthy, well conditioned woman, about twenty-five years old, mother of three children, the last of which she was still nursing, had, the 30th of June, 1848, a third attack of febris intermittens tertiana ; every attack had advanced from two to three hours. The febrile symptoms were exceedingly violent, the chill lasting from $1\frac{1}{2}$ to 2 hours, with succeeding, burning heat of 5 to 6 hours duration ; during the heat and perspiration, there was such violent pressing pain on the head, that she could hardly endure it ; with some stiffness of the neck ; if she was not constantly talked to, and her attention engaged, the mind seemed filled with all sorts of fancy ; tongue thickly coated, and a very bad taste ; neither nausea nor vomiting ; evacuations of the bowels retarded. *Prescript.* *Aconite* 1, ten drops dissolved in a tumbler of water, every hour a teaspoonful. On the 2nd of July, the attack returned with rather more violence. *Prescript.* the same. On the 4th

of July, the paroxysm left her, and there was only at the fever time some headache and weakness of the limbs. *Prescrip.* the same. On the 6th of July, the same headache and the same sensation of weakness in the limbs, returned at the same fever time, but more feeble. The tongue was now perfectly clean, and she had also some appetite; the milk in the breast, which was, during the most violent fever time, secreted in very small quantity, (I had not taken the child from the breast,) flowed now more copiously. She received *Natrum muriat.* 30, 1 drop every four hours. On the 8th of July, those remnants of the fever left her, and she felt perfectly well and strong. Within five weeks there has been no relapse.

4. A servant of Mr. de M., a healthy young Pole, about 25 years old, came, on the 25th of May, under my treatment. For four days he had suffered from a febris intermittens quotidiana, with highly developed febrile symptoms, and a tongue very much coated. As he spoke neither German nor French, I could only find out, with the assistance of a cook, who herself spoke German but poorly, that he had violent pains in the fore-part of his head, no appetite, and very insufficient evacuations. He took for three days *Natrum muriat.* 16, without the least result. On the 28th of May I gave him *Aconite* 1, one drop every two hours. After three days the fever left him, the tongue was clean, and he required no farther aid. Up to the seventh of June, to which time only I could observe him, no relapse had occurred. Besides these cases I employed *Aconite* in the same manner in some others, without, however, any effect. They were less robust, and even decrepit subjects. The fever-paroxysms not as well developed, and of a less decided type, the pyretic symptoms in general less intensive. In such cases I gave with success *Natrum mur.*, *Arsen.*, *Ipecac.*, and *Nux vom.* I will direct the attention of the reader to another remedy, with which I got acquainted three years ago through Dr. Haubold, and upon whose recommendation I have since employed it very successfully against chronic intermittent fevers. I

mean the excrements of the boa constrictor (called *Boin* by Haubold), in the second trituration, morning and evening one dose. I was not able to find out any other characteristic symptoms of this remedy, than just the obstinacy and long duration of the fever, with not very intensive febrile paroxysms, but decided type.

Aconite seems to me to be indicated :

1. In intermittent fevers of very robust, well conditioned individuals, of a lively spirit and sanguine temperament ; —

2. The fever paroxysms must be fully expressed, and the pyretic symptoms well developed ; —

3. The fever must not have been of too long a standing ; —

4. The concomitant symptoms were mostly : violent beating or compressing headache, generally proceeding from the back part of the head, pains in the neck and stiffness of the same, back ache and sensation in the limbs, as if from a bruise ; —

5. It seems to be suitable as well in quotidian as tertian fevers ; —

6. Gastric symptoms, (coated tongue, bitter taste, nausea, vomiting,) are no contra-indications ; —

V. *Carcinoma Cutaneum.*

Madam H., above 60 years of age, had for many years a blue red spot upon her forehead, about the size of a five cent piece ; it was occasionally covered with small dry scabs, causing the patient a pricking, straining sensation. During several years she took from time to time homœopathic remedies, which produced momentarily a better appearance ; the spot however, never disappeared entirely. After several months I saw the patient again in August, 1847, and found a considerable change. The discolored mark was enlarged to the circumference of a ten cent piece, and covered with a thick, black scurf, which I loosened and found under it a sinuous ulcer with distended hard edges, upon a foul basis, secreting a corroding fluid of a bad smell and disagreeable color. By placing

two fingers around the ulcer, with a slight pressure, the same could easily be moved back and forward, which proved to me that the periosteum and the bone were not affected. Upon the surrounding surface were, probably produced by the corroding fluid, several smaller ulcers of similar appearance, partly covered with bad colored scabs, under which a filthy matter issued forth. Since the ulcer took this bad turn, the patient complained of very acute burning upon its whole surface. I could harbor no doubt, from the above stated symptoms, in reference to the diagnosis, and pronounced it carcinoma cutaneum. Madam H. was previously never sick, in the strict sense of the word, except that she suffered frequently with congestions at the cessation of the catamenia, on which account she had frequently been bled, by advice of her former physician. On the 15th of August, 1847, during my absence she received from Dr. Wipprecht, *Sulphur* 400. in globules, every day one to be taken. Up to the 24th of August no change. From this time up to the 13th of September, I gave her daily two doses of *Arsenic*, third triturat., without effect. On that day, with the continual use of the same remedy, I employed also *Arsenic* externally, directing pieces of cloth moistened with a solution of $\frac{1}{4}$ grain of *Arsen. alb.* in 3 ounces of water, to be applied 5 to 6 times daily upon the diseased parts. This produced a considerable reaction, the ulcer became more painful, on touch even highly sensitive, the edges became inflamed and still more protruded, the whole frontal epidermis, hot, swollen, and red, even the upper eyelids so much swollen, that the patient could only half open them. I omitted now the external application of *Arsenic*, and ordered only wet, cool fomentations, with the continual internal use of the same remedy. The pains gradually left her and the swelling disappeared, a healthy granulation came to view, and in the course of two weeks a complete cicatrization took place. Afterwards she took for some time *Sulphur* 3.

Till now, after the lapse of a year, the spot has not broken

out again; it is painless, white, and no more covered with small scurfs, as was the case before the *Arsenic* cure.

In this case it is interesting to observe, that by the external use of this very weak *Arsenic* solution, (she used in two weeks not quite $\frac{3}{4}$ grain of *Arsenic*) the same local symptoms appeared, though much slower, as from the application of the very powerful and dangerous cosmetic powder.*

MR. RAMSBOTHAM'S CASE OF HYDROPHOBIA.

OF all the diseases to which the human frame is liable, there is none so full of horror as hydrophobia. When we consider the apparently trifling cause against which we can use no precaution, — a scratch not greater than a pin might inflict — the long period of delusive tranquillity or dreadful uncertainty — it may be months, and is always weeks, — the suddenness of the attack when the disease appears, the terrible combination of the most appalling symptoms that mark its course, and the almost absolute certainty of the fatal catastrophe, we cannot wonder that every case which occurs should excite a wide popular interest: nor can it surprise us that the rumor of a cure of this horrible malady should be met with skepticism by the profession, although it may be eagerly believed and circulated by the vulgar; and while we cannot admire the spirit in which the recent case has been investigated by some of the medical journals, we readily admit that the importance of the fact, and the enormous apparent improbability against it, warrant a thorough sifting of every reputed cure of a disease which has hitherto baffled the most diverse and energetic treatment that ingenuity could devise. Plouquet, in his *Literatura medica digesta*, has enumerated more than a hundred and fifty substances, comprising the

* Cinnabaris, ʒij. Kali carb. depur. gr. viij. Sanguinis draconis gr. xij. Arsen. alb. ʒij., M. f. P. subtilissimus. — *Ed.*

most virulent poisons, mineral, vegetable, and animal, which have been tried, and yet, says Dr. Williams, "there is no instance of any patient or animal suffering from this disease having recovered." While we give due weight to the great authorities upon this subject, we must not allow our minds to be too strongly biased against the possibility of successful treatment, for we have heard similar statements of diseases which we know are curable. Dr. Sutherland maintains that true cholera is always fatal. He won't admit a case to be cholera until it has presented symptoms indicating approaching death. He does not deny that it may be cured in its incipient stage, but affirms that it cannot be certainly recognized in that stage. In the same way the difficulty of recognizing the first and probably curable stage of hydrophobia has probably given rise to an exaggerated notion of the utter hopelessness of all treatment of the complaint. After hazarding these preliminary observations, to put our readers on their guard against too ready an acquiescence on the one hand, and too absolute incredulity on the other, we may now proceed to a statement of the case.

On the 6th of last June a mad dog, at Queenshead, bit four men and an ass. Of these the first who was taken ill was Henry Greenwood. This was upon the 4th of July. On the 5th he complained of headache, soreness of throat, and an indescribable sensation over all his body. He was seen by Dr. Currie upon the 7th, who bled him and applied a blister to the back of his neck. He was seen by Dr. Inglis and Mr. Fawthrop on the afternoon of the 8th, and died that night in convulsions. He had no particular dread of water, and swallowed liquids, though with difficulty, two or three hours before his death. The second victim was James Bairstow, who was in his usual health till Saturday the 28th of July. He then began to feel pain in the bitten part, extending to the arm and head; he was irritable and unwell the following day, and at 4 o'clock on the Monday morning he began to rage, and was

seen by Mr. Fawthrop at 5 o'clock, and by Dr. Inglis at 9 o'clock of the same day. He died at 3 o'clock that afternoon. Let us observe here, in passing, that Dr. Inglis only saw the last hours of these unfortunate men, and had no opportunity of observing the previous stages of the disease.

The ass was bitten on the 5th of June, and became very unruly on the 31st of July, biting at every thing within its reach, and lacerating its body with its teeth, till it was a dreadful spectacle. The poor beast was seen by a veterinary surgeon, who pronounced it to be rabid, and ordered it to be shot, which sentence was accordingly carried into immediate execution.

James Hopkinson was bitten by the same dog upon the 6th of June. He was intoxicated on the 29th of July, and on the following day had an attack of vomiting. He went to his work the next day, and continued well till the 2nd of August, when he began to feel an aching pain like rheumatism in the bitten arm. The pain continued to spread up the arm; and on the 3rd he walked to Colne, a distance of nearly twenty miles, for what is called the Colne medicine, which he took on the morning of the 4th. He walked back the same day, and was much exhausted on his arrival. He was seized with shivering, and went to bed about nine o'clock. He had not been long in bed when convulsions came on, which lasted for a quarter of an hour: there were spasms in the arms, legs, and trunk. He passed a restless night, with great heat and perspiration. The same symptoms returned, though with greater severity, the following afternoon, which was Sunday the 5th of August. He was seen by Mr. Ramsbotham between three and four o'clock of the following morning, Monday the 6th of August, who thus describes the condition he found him in. "His face was flushed; the countenance expressing great anxiety, and a peculiar brightness of the eyes; intense thirst, which drinking in no degree allayed. He complained of a parched feeling in the mouth, and was continually endeavoring to moisten his lips with his tongue. I examined his mouth, which seemed to have a

plentiful supply of saliva. There was no unnatural appearance under the tongue, which was covered with a white fur. The throat was red and congested, but he complained of no pain in it. The aching pain in the limbs was now a subject of great complaint, it followed the course of the nerves, was very bad in the neck, and he said he felt sure that unless it mended he would be choked. This sensation extended to the chest, and produced a great feeling of anxiety there. He had no dread of water, but complained of difficulty of swallowing, not from sore throat, but as if something met the water in the throat. Pulse 76, full and jerking. He got a dose of *Lachesis* 5th dilution, and in the course of a quarter of an hour he felt better; he afterwards got *Belladonna* 3rd dilution. From this time he steadily recovered, and by noon all the symptoms of hydrophobia had disappeared. At this date (1st December) he continues quite well, working daily at a stone quarry."

Let us now scrutinize the symptoms of this case, and try to ascertain whether it really was one of incipient hydrophobia or not. If not: What was it? Dr. Inglis, who is at great pains to disprove the affirmative proposition, supplies us with some conjectural explanations of the cause of the symptoms. He ascribes them to the previous debauch, to fatigue and rheumatism, and we may add that it might have been hysteria simulating hydrophobia. A week had passed since Hopkinson was drunk, and in the interval he had been able to work at his usual occupation for two days, and to walk a distance of forty miles — so we may fairly presume he had got pretty well free from the consequences of his intemperance. Fatigue of itself could produce none of the symptoms narrated: it could, however, and certainly would strongly predispose to the development of any latent disease. Rheumatism might give rise to pain in the arm, but not to pain following the course of the nerve, nor to preter-natural brilliancy of eye, without fever; nor to spasms of the muscles; nor to difficulty of swallowing. Hysteria is rarely met with in men, and in the cases of this disease, simu-

lating hydrophobia, the most prominent symptom is dread of water. In one related by Nugent in "An Essay on the Hydrophobia, to which is prefixed the case of a person who was bit by a mad dog, had the hydrophobia, and was happily cured," the patient, a female servant, could not bear the sight of water, not even the sound of water falling from a pump in an adjoining yard. She recovered in a few days, notwithstanding the severity of the treatment, as she nearly escaped being drowned; for Mr. Wright, an eminent surgeon and man midwife, having had occasion to visit Mrs. Rogers, and hearing what had happened to her maid, ordered her immediately to the sea; where she was dipped till she could bear it no longer. We refer to this narrative as a curious example of hydrophobia simulated by hysteria, and the great contrast it presents to Hopkinson's. This poor girl barked like a dog, snarled, and growled, and wondered when she was to be smothered. She unconsciously over-acted the part she imagined it was her doom to play.

Since none of these hypotheses explain Hopkinson's symptoms, let us consider how far they tally with what we know to be the ordinary course of true hydrophobia.

As this disease is never spontaneously generated in the human body, in every case where it occurs it must be by inoculation — this is the only exciting cause. There is no question that Hopkinson was exposed to this. The dog was certainly mad, and he was as certainly bitten. It is not easy to determine the chances in favor of his escape after the accident. In some instances the majority of those bitten are affected with madness. Of nineteen persons bitten at Bar sur Ornain, twelve died of the usual symptoms within twelve months after receiving the wound.* Boudet mentions five persons having been bitten by a rabid wolf at Autun, and all of them dying mad. And of ten persons bitten in Burgundy nine died. These, however, are

* Gazette de Santé, 1813. Quoted by Williams on Morbid Poisons.

extreme cases, and from the whole collected instances it seems that the chances rather preponderate in favor of escape. There is no doubt that any debilitating causes acting upon the person's system at the time must augment his danger. In Hopkinson's case we have a combination of circumstances calculated to excite the germ of the disease into activity.

Let us next ascertain how far the period of latency corresponds with that generally observed. In this there is a great diversity. Discarding as fabulous the stories of Morgagni, who speaks of twenty or even forty years having elapsed, there is no doubt that there are well authenticated instances of fifteen or twenty months; and Hunter has accordingly fixed the limits at twenty-one days and eighteen months; and all writers are now agreed that forty days is the average duration of the latent stage in man. In Hopkinson's case sixty days elapsed between the reception of the poison and the first unequivocal manifestation of consequent constitutional disturbance. So far, there is no improbability against the symptoms we now proceed to consider being due to the ascribed cause; and before proceeding to a comparison of the detail of these given us by Mr. Ramsbotham, and those laid down as indicative of hydrophobia by writers on the subject, we may notice a contemptuous observation of Dr. Inglis, who observes, "that it requires not that we should look into the *Cyclopædia of Practical Medicine*, or *any other book*, to find out what are, and what are not, the symptoms of hydrophobia — the medical man who has ever seen a case will at once recognize that fearful complaint, even in its earliest stage; and if Mr. Ramsbotham be not even yet convinced that this was not a case let him wait until he does see one, and then I fancy he will change his opinion." The difficulties in the way of following Dr. Inglis's advice are considerable. For twenty-five years there was not a single case in Edinburgh, and the average number in London, with its population of two millions, is only one in five years. The chances against any metropolitan physician seeing a case are thus about a thousand

to one. And if we are to abstain from giving an opinion till we have accumulated personal experience, it is doubtful if the existence of the disease will ever be established. Dr. Inglis is himself an excellent illustrator of the fallacy of the opposite method. Having happened to see the expiring struggles of two hydrophobic patients, he considers himself, in consequence, entitled to pronounce judgment upon any reputed case at any stage of its progress, and disdains the assistance of the most accurate writers in medicine. His conceit and his ignorance are on the same level. Rejecting the testimony of others who have had a hundred times the opportunity of his observation, he erects himself into an infallible authority. By the same rule that he rejects, he ought to be rejected. And in consistency, the art of medicine despoiled of all the stores of past observers, must become the rankest empiricism; the only possible guide for the practitioner being his own limited experience. For our part we are fain to follow the more humble course taken by Mr. Ramsbotham, and to appeal from Dr. Inglis to those who are acknowledged as authorities in the scientific world.

The symptoms of the first stage are pains, sometimes severe and sometimes trifling, shooting up the bitten limb. In a case given by Dr. Bardsley, the pain was felt in the shoulder and neck. The pain generally follows the course of the nerves, and seems to shoot towards the heart. The patient is more depressed or excited than usual. There is chilliness and momentary flushing. These premonitory symptoms last from a few hours to a few days before the characteristic difficulty of swallowing sets in.

Such are all the symptoms given by Dr. Williams, as indicative of the first stage of hydrophobia. All these symptoms Hopkinson had, and in addition, he had difficulty of swallowing, "a symptom which distinguishes this malady from all others affecting the human frame." The resemblance between the delineation of the disease and the symptoms presented by Hopkinson, is as exact as any individual case can be to a general

description, and we cannot conceive any unprejudiced person evading the conclusion that Hopkinson, when seen by Mr. Ramsbotham, was suffering from hydrophobia. The only objection of plausibility urged by Dr. Inglis, is, that it is impossible that a disease which had been "incubating" for weeks could be so rapidly arrested, and by such apparently insignificant remedies. In reply to this, we would observe that there is no evidence whatever that the poison has any action on the system during its period of latency. There is a case recorded in the *Philosophical Transactions* (No. 445,) of a boy having been bitten and afterwards cut for the stone, and the wound healing naturally, and the patient afterwards dying of hydrophobia. No doubt it is very strange that a deadly poison should be imbibed and lie dormant sometimes for many months, and all the time every function go on with perfect regularity, and then suddenly the lurking venom should begin to produce its terrible effects. But it is plain that if hydrophobia is ever to be cured, it will be during the incipient stage. We know that cholera, which is as rapid and almost as deadly, may be cut short, and there is no reason why hydrophobia may not likewise. As to the minuteness of the dose of the remedy, that is not smaller than the amount of the poison, and we do not see why the material bulk of the antidote need be greater than that of the bane. In short, there is no *a priori* objection to the rapid curability of incipient hydrophobia. And if there were no other cure on record, we should look upon this one as of itself sufficient to encourage the hope that in future, if the disease be taken in time, it will not be found less amenable to the proper specific, than any other acute disorder arising from a morbid poison.

It would have been very strange if success so unusual as attended Mr. Ramsbotham, and of a kind likely to be so widely rumored, had failed to excite the indignation of his professional brethren. Accordingly we find Dr. Inglis coming forward, in the most philanthropic spirit, to do all he can to undermine the character of his too successful rival. The pretext for his inter-

ference is about the most flimsy that can be imagined. The case had been reported in the newspapers as having occurred, and it was added that the man when last seen, presented no symptoms of hydrophobia. Dr. Inglis upon this, wrote to the newspapers to say, that Hopkinson never had shewn any symptom of the disease, and that the case was got up by Mr. Ramsbotham to delude the public into a belief in his powers of cure ; and he alleges his reason for interference to be a desire to prevent public panic. It certainly is not easy to see how the first statement could give any alarm even to the most timid. Four men had been bitten by this mad dog, of these, two had died ; it must have been a relief to every humane person to learn that of the remaining two, one had been cured and was no longer liable to the terrible fate of his comrades, for hydrophobia is not a contagious disease, and the appearance of it in a person who was known to be "suspect" could not increase the risk of others. Had the subject been a dog instead of a man, then we could understand how it would have allayed alarm if Dr. Inglis had convinced the public that it was no case of hydrophobia. It is impossible for the most charitable mind to devise any excuse for Dr. Inglis's interference, except a wish to injure the fair fame of his brother practitioner. It would be out of place here to enter into the details of the correspondence which followed. Mr. Ramsbotham defends himself from the unjustifiable attack with the composure of conscious integrity, and the ability of a clear thinker, while Dr. Inglis, feeling himself in the wrong from the first, supplies his lack of argument by insinuating the most disgraceful imputations against his rival, which he follows up with a headlong attack upon Homœopathy in general, and upon Dr. Fletcher in particular.

"It is now," says Dr. Inglis, "so far as I can remember, about eighteen years ago when Homœopathy made some little noise in Edinburgh. I was then rather fascinated with its alluring aspect: the ease with which its doctrines could be attained, and, in theory, the apparent applicability of its reme-

dies. I was at that time a pupil of the late Dr. Fletcher: a man whom I respected for his erudite learning, and whom I loved for the inherent social qualities of his nature; but a man who, although he might be said to be a very cyclopædia, was a mere theorist, — a man who could make a fine and fanciful drawing of the nervous system, or of any other system you might wish, but who could not describe it practically upon the dead subject, — who in his study could describe disease and its treatment, but when taken to the bedside was found wanting, nay ignorant.”

As, in making this charge against Dr. Fletcher, Dr. Inglis is merely copying others who profess no friendship for that excellent teacher, and as to the unreflecting there is a certain show of reason in it, we think it may be well to direct a little more attention to it than the insignificance of the source from which it emanates in this instance would otherwise warrant. Is it necessary that a successful investigator and teacher of a science should be also a successful practitioner of the corresponding art? So far from it, that the greatest discoveries have been made by men wholly unable to apply them. What would navigation be without the assistance of the mathematician? who, “sitting in his study,” by the help of laborious calculations, describes the method by which ships are to be conducted over the pathless deep in the darkest night: and would it be reasonable, that before we acknowledged the value of such men as Nunez, Mercator, or Napier, they should shew their practical efficiency in seamanship by steering a ship from Hull to London? Will any one deny to Harvey the honor of being perhaps the very greatest physiologist that ever lived? and yet his friend Aubrey says of him, “though all his profession would allow him to be an excellent anatomist, I have never heard any who praised his therapeutic way.” In fact, so far from being necessarily combined, the requisites for a great man of science and a good practitioner of art are almost irreconcilable. The habit of mind, as well as the time required for abstract thinking,

for eliminating general principles out of particular instances, and for discovering and laying down those maxims by which practice is to be regulated, tend to incapacitate a man for the minute observation of trivial details, in a careful attention to which the successful practice of every art depends. The so-called practical men are little aware of the obligation they are under to the closet philosopher, whom they despise for not being able to do that which, without his previous aid, they would not even have dreamt of attempting. Besides the indispensable practical assistance afforded by men gifted with this rare and lofty faculty of philosophic thinking, there is another most important service they render to the profession with which they are associated. Thought is the great antagonist to that vulgarity of mind sure to be generated by the jealousies of professional rivalry and cupidity, which have tended more than any other vices to lower the practitioners of our art; and it requires the constant operation of this elevating principle to prevent their degradation into mere tradesmen, and to rescue them from the contemptuous treatment they are sure to meet with from a public more enlightened than refined.

“It was in the early part of my medical education,” continues Dr. Inglis, “that I formed Dr. Fletcher’s acquaintance and friendship, when attending his class of Medical Jurisprudence: and it was then, as I have said, that I was, in my ignorance, fascinated by the doctrines of Hahnemann. Fortunately, however, for me, soon after I obtained a clerkship under Professor Alison in the Royal Infirmary; and it was *there*, under the supervision of that estimable and truly great man — the devoted physiologist and pathologist of wide-world fame — at the bedside of my patients, that I was led to cast aside all the elaborate theory of Homœopathy, which when tried in actual practice is found to be utterly unavailing in the overcoming of *real* disease.” So, by this account, Dr. Inglis learned Homœopathy from Dr. Fletcher’s lectures on Medical Jurisprudence, and abandoned it in the clinical wards of the Royal Infirmary. Let

us ask, could he have learned any system of therapeutics from lectures on Medical Jurisprudence? If after attending Dr. Traill's lectures on the same subject, he had forthwith attempted to treat patients from the knowledge thence derived and failed in the attempt, would he have ascribed his failure to the insufficiency of the system casually mentioned by the Professor, and not to his own ignorance and incapacity? His presumption in imagining he knew enough of Homœopathy to practise it, is only equalled by his absurdity in rejecting it from what he saw of Dr. Alison's treatment. For let not the reader suppose Dr. Inglis actually tried Homœopathy when clerk to Dr. Alison, this he could not do even if he had the will; what a clinical professor was dismissed for attempting some years later is manifestly beyond the power of a professor's clerk. What Dr. Inglis imagines or pretends he did in his boyish ignorance, Professor Henderson actually performed. He has published his experience of the result of his experiments in some *real* diseases: when Dr. Inglis does the same we shall be able to judge of their comparative value. If he did not actually administer homœopathic medicines to patients under Dr. Alison's treatment, which he could only have done by deceiving his superior, for whom he expresses so profound a respect, then we should like to learn by what process of reasoning he discovered from this physician's practice that Homœopathy was "unavailing in overcoming *real* disease." He either founds his judgment on an ignorant under-hand trial made by himself as a student, when he had neither the skill nor opportunity of putting the system to the test; or, without making any trial at all he gives his positive opinion as if he had, and leaves that impression upon the reader. He must either have deceived Dr. Alison then, or he must be attempting to delude the public now: and yet he has ventured to vaunt the reliance to be placed upon his statements, and to suggest that if those of Mr. Ramsbotham find credence, it is because man is "a dupeable animal." We fear, from the exhibition he has made, that Dr. Inglis has learned little from that teacher

whom he has thought proper to call his friend. If such a friendship really existed, it must have owed its origin to the principle of contrast; for nothing can be more unlike the product of Dr. Fletcher's clear, cultivated, and masculine understanding, than the vague and frivolous inaptitudes which diffuse themselves without method and without effect over the pages of Dr. Inglis's composition. And certainly nothing could be more revolting to his moral character, than casting upon the memory of a departed friend — cut off in his prime — the paltry insinuation of being "a mere grinder." Dr. Fletcher was known to the students of his time chiefly in the capacity of a lecturer on physiology; he will be known to posterity as an author upon that subject. If he united to this the most useful task of conducting the examinations of students to prepare them for obtaining their degree, he did it in such a way as to convey far more information than was required for passing the board of examiners; and besides keeping them abreast of the science of his time, like a true tutor as he was, he inculcated general principles, and encouraged to those habits of clear and patient thinking, which outlive the occasion of his instruction, and which make the hours passed with him a source of grateful remembrance in after life. The system of teaching by examination is now much more practised than formerly; in the University itself it is approved of by its highest ornaments. Dr. Fletcher elevated his office by the way he fulfilled it. Perhaps the recollection of having smarted under the exposure of his ignorance at these examinations, has made Dr. Inglis forget the lessons of refinement and propriety in speaking of his former friend and teacher, which they were well calculated to convey. As to the sweeping accusation made against Dr. Fletcher's pupils, all we can say in reply, is, that if they do not come up to Dr. Inglis's standard of excellence, the fault is their own, not their teacher's. For no one ever insisted more than he upon a thorough cultivation of all the faculties, so as to enable the student on entering upon the actual duties of his profession to

take the fullest advantage of all those opportunities of observing and treating disease which might afterwards be given to him, the right employment whereof by a properly educated mind is the only possible means of attaining a rank among physicians worthy of the name. *British Jour. Homœopathy.*

CORRESPONDENCE.

MESSRS. EDITORS. — In the “Report of the City Physician on the Cholera Hospital,” recently published in this city, I find the following paragraph.

“*Homœopathic Treatment.* As the stimulating plan of treatment, the hydropathic, and that called alloëopathic, had been fairly tried, it might be asked, why we did not practise Homœopathy, in some cases. The truth is, that no one of our number understood it, and, notwithstanding offers were made to several homœopathic practitioners, we could not find among those any, who were willing to come into the Hospital, upon equal terms, and take charge of an equal number of patients with ourselves.”

To those who are acquainted with homœopathic practice, the above will hardly require comment. The medical care of the Cholera Hospital required an alloëopathic force, besides the occasional aid of the consulting physicians, of the city physicians, three associate physicians, and two resident students; and the labors of those are related in the Report to have been from the nature of the disease, very arduous. The nurses and attendants were, of course, persons accustomed to alloëopathic, and not homœopathic practice. Under such circumstances a polite offer was made by the city physician, to me individually, and as I learn, to one or more homœopathic physicians besides, to take charge of a part of the cholera patients at the hospital. I of course declined engaging in such an undertaking, as, from the

nature of the case, it would be impossible for me to secure to such patients any thing like proper homœopathic treatment. The opportunity, however, such as it was, would not have been suffered to pass, without an effort to extend to the suffering the benefits of Homœopathy, but that it was offered too late for instituting and carrying out any plan for effecting the object. The proposal was made to me nearly three months after the cholera appeared in our city, nearly two months after the Hospital was opened, and at a time when the daily diminishing reports of deaths gave reason to think that the epidemic was drawing to its close. Such was then the general expectation, and in fact three weeks afterwards the disease hardly had an existence here.

To the above explanation I will only add the expression of a hope, that the attention of the benevolent who are convinced of the value of Homœopathy, will ere long be directed to the establishment in Boston of a Hospital, for the purpose of giving the benefit of our system to those who cannot otherwise receive it.

Yours, respectfully,

L. CLARK.

Boston, March 28, 1850.

MESSRS. EDITORS.—You are aware that the Cincinnati Eclectic Institute established a Homœopathic Chair last spring, leaving it to the State Homœopathic Convention to designate an incumbent, and that I had the honor of receiving the appointment from the convention. Occupying as I do the first homœopathic chair ever established by an independent school, I have thought a brief notice of the school and chair worthy of an insertion in your Journal.

The Eclectic Institute is eminently progressive and liberal. Evidence of its progressive character is found in its persevering efforts to improve and extend its *materia medica*. Their

success in the treatment of cholera speaks eloquently in behalf of these labors. A loss of four and one half per cent. in this formidable disease is hardly equalled in the annals of medicine.

The unequalled liberality of this Institute is displayed not only in the establishment of a chair of homœopathic medicine, but in the appointment of a Homœopathist, Dr. H. P. Gatchell, to the Chair of Anatomy. These things were done too, at a time when the Institute was not obliged to look to collateral aid for success, but when it was in a most flourishing condition. It had already advanced in four years from a class of fifty to one of a hundred and fifty.

While other schools had nothing but ridicule and misrepresentation to bestow upon Homœopathy, the professors of this school were accustomed to speak of it with respect, and to commend its claims to the attention of their students.

Such magnanimity should not pass unregarded. It is not so common as to justify us in holding it cheap. And I trust that there is sufficient generosity among Homœopathists to enable them to appreciate it at its true value. There is no reason to apprehend a disposition on the part of the students of this school to treat Homœopathy with disrespect, when their teachers are of such a stamp.

I am now lecturing to a class of nearly one hundred and seventy students, and have among them a larger number who design to graduate as Homœopathists than has the Philadelphia school in the second year of its existence. With the Homœopathists of Cincinnati the chair is decidedly popular, and is daily becoming so. The chair is a permanent one, and western physicians may send their pupils in the confidence that they will have an opportunity of learning Homœopathy with as perfect an exemption from unfavorable influences as in any other school.

No inconsiderable inducement to attend this school is found in the fact, that Dr. Buchanan, the Professor of Physiology,

not only recognizes the truth of the law *similia similibus*, but has also developed a profound and beautiful system of physiology, that analyzes the human constitution more thoroughly and exactly than any previous system, but also affords a better basis for pathology and materia medica. I anticipate great benefit to the science of medicine from the splendid discoveries of Dr. Buchanan. And I hope that Homœopathists will manifest the same liberal spirit towards the results of his labors that the Eclectic school has manifested towards Homœopathy.

Respectfully yours,

S. ROSA.

NOTE.—We cannot join in the very strong praise bestowed upon the Eclectic Institution of Cincinnati, by Dr. Rosa. This we shall be willing to do, however, whenever it is proved to us that its progress, improvement, and great success are owing to its originality in theory and practice, and are achieved by the application of principles based upon natural laws hitherto unknown to any medical system—that Eclecticism is, in short, a scientific system of its own. Until then, we look upon Eclecticism as allœopathic empiricism, whose only claim to a system consists in its systematic borrowing from all medical systems, without giving credit to any.

The Eclectic School of Cincinnati deserves our thanks and respect for their generous offer of a Homœopathic Chair at their Institute, but this is as far as we can go in a medical point of view; and it appears to us that the eclectic enthusiasm of Dr. Rosa, results more from surprise at the unusual liberality of an allœopathic school, than from admiration of its scientific value; and we feel sure he will not thereby forget his duty as an Homœopathist. — *Eds.*

INTELLIGENCE.

HOMŒOPATHIC MEDICAL COLLEGE OF PENNSYLVANIA.

WE have received the Valedictory Address delivered before this College, at the 2nd annual commencement on the 2nd of March, 1850, by William S. Helmuth, M. D., Professor of Homœopathic Institutes and the practice of Medicine. It gives a brief sketch of the history of medicine, and of the schools or sects into which the

medical world have been divided, and very aptly answers and explains many of the popular objections to the homœopathic system. It appears that the second year of this College has been attended by quite an increase of students, and we are assured by several with whom we have conversed, that the course of instruction is very thorough and satisfactory. The number of graduates for the first year was six. For the present year, twenty; and the number of the matriculants, fifty-five. As it may be interesting to have the names on record, we here insert them, together with those of the Faculty, and terms of the College.

GRADUATES OF 1849.

AT a Public Commencement, held March 15th, 1849, the Degree of the College was conferred by the Hon. A. V. PARSONS, President, upon the following gentlemen:—

NAME.	RESIDENCE.	SUBJECT OF THESIS.
Clark, Joseph K.	Massachusetts,	Homœopathy.
Davis, Henry F.	Ohio,	Symptoms of the ear.
Engle, Nathan S.	New Jersey,	Menstruation.
Gardiner, Daniel R.	Philadelphia,	Pleuritis.
Hall, E. Bently	New Jersey,	_____
Scudder, Samuel O.	New York,	{ Evils of excessive in- dulgence in Venery.

MATRICULANTS OF THE COLLEGE.

SESSION 1849—50.

NAME.	RESIDENCE.	PRECEPTOR.
Armor, Smith	Delaware,	Dr. C. Harlan.
Armor, Thomas	do.	" "
Bacon, Albertus E.	Maine,	" L. G. Vinal.
Bacon, Ebenezer H.	do.	" W. Williamson.
Bailey, Charles (M. D.)	Massachusetts,	_____
Baker, Joshua T.	Philadelphia,	Dr. J. Jeanes.
Bartlett, J. Leffingwell	Michigan,	General Student.
Barton, Joseph	Pennsylvania,	_____
Bigler, George W.	Maryland,	Dr. B. Ehrman.
Chittenden, George W. (M. D.)	Wisconsin,	_____
Coxe, John Redman, Jr.	Philadelphia,	_____
Crocker, Isaac Senter	Rhode Island,	Dr. A. H. Okie.
Cunningham, J.	Philadelphia,	General Student.
Cushing, John J.	Rhode Island,	Dr. A. H. Okie.
Dake Chauncey M.	New York,	_____

NAME.	RESIDENCE.	PRECEPTOR.
Dodge, Lewis	Michigan,	_____
Everson, William K.	Philadelphia,	Dr. A. E. Small.
Frost, J. H. P.	Maine,	" H. N. Guernsey.
Fry, Jacob S.	Philadelphia,	" A. E. Small.
Gardiner, Daniel R. (M. D.)	do.	_____
Gardiner Richard (M. D.)	do.	_____
Gross, James E.	Maine,	Dr. Daniel McRuer.
Hoppin, Washington	Rhode Island,	" A. H. Okie.
Howard, John Gust	Philadelphia,	" W. A. Gardiner.
Humphreys, Frederick	New York,	_____
Jackson, Charles M.	Philadelphia,	_____
James, David (M. D.)	Pennsylvania,	_____
Janney, Daniel	Virginia,	_____
Lee, John K.	Pennsylvania,	Dr. W. Williamson.
Leonard, Ezra	New York,	_____
Loomis, J. G. (M. D.)	do.	_____
Luyties, D. R.	Philadelphia,	Dr. F. Humphreys.
McDowall, John	England,	" J. W. Hallion.
McManus, John	Philadelphia,	_____
Metcalfe, William	Pennsylvania,	General Student.
Merriman, Charles L.	Michigan,	Dr. J. Tunncliffe.
Mulford, Joseph L.	New Jersey,	" J. B. Petherbridge.
Munsey, Barton	North Carolina	" W. Williamson.
Okie, A. H. (M. D.)	Rhode Island,	_____
Peirce, Thomas A.	Maine,	Dr. A. E. Small.
Pratt, David S.	Pennsylvania,	" Leonard Pratt.
Pusey, E. J. (M. D.)	Philadelphia,	_____
Randel, John M.	Maryland,	Dr. W. Williamson.
Ring, Hamilton	do.	" A. E. Small.
Rowland, Joseph G.	Illinois,	" W. Williamson.
Sheek, Jacob Frederick	Philadelphia,	" "
Shultz, Jonas Y.	Pennsylvania,	" J. H. Hellfrich.
Steck, John H.	Philadelphia,	" W. Williamson.
Storrs, George F.	do.	" Dr. A. E. Small.
Toothaker, Charles E.	Vermont,	" "
White, Thomas J.	Pennsylvania,	_____
Wilder, Daniel	Massachusetts,	Dr. G. W. Swazey.
Williams, George C.	Pennsylvania,	_____
Williams, Theodore S.	do.	_____
Wright, Augustus S.	Ohio.	Dr. J. H. Pulte.

Total, 55.

GRADUATES OF 1850.

At a Public Commencement held March 2d, 1850, in the Musical Fund Hall, the Degree of the College was conferred by the Hon. A. V. PARSONS, President, upon the following gentlemen:—

NAME.	RESIDENCE.	SUBJECT OF THESIS.
Bacon, Ebenezer H.	Maine,	Tubercular Phthisis.
Bigler, George W.	Maryland,	Strumous Diathesis.
Chittenden, George W.	Wisconsin,	Inhalation of Medicine.
Coxe, John Redman, Jr.	Philadelphia,	Inflammation.
Dodge, Lewis	Michigan,	Coinciding tendency of Medicine.
Frost, James H. P.	Maine,	Origin and Philosophy of Disease.
Gardiner, Richard	Philadelphia,	Use of Forceps.
Gross, James E.	Maine,	Homœopathic Treatment of Dysentery.
Hoppin, Washington	Rhode Island,	Infinitesimal doses and their Rationale of action.
Humphreys, Frederick	New York,	Posology.
Janney, Daniel	Virginia,	Puerperal Fever.
Leonard, Ezra	New York,	Relations of Pathology and Practice.
Loomis, Joseph G.	do	—————
Luyties, D. R.	Philadelphia,	Chloroform.
Munsey, Barton	North Carolina,	Scarlet Fever.
Peirce, Thomas A.	Maine,	Croup.
Sheek, Jacob Fred.	Philadelphia,	Yellow Fever.
Shultz, Jonas Y.	Pennsylvania,	Bilious Remittent Fever.
Williams, Theodore S.	do.	Effects of Opium.
Wright, Augustus S.	Ohio,	Cholera.

W. WILLIAMSON, M. D., *Dean.*

HOMŒOPATHIC MEDICAL COLLEGE OF PENNSYLVANIA.

(*Located in Filbert Street, above Eleventh, Philadelphia.*)

THE Lectures of the regular course will commence annually, on the first Monday of November, and continue until the first of March ensuing.

Preliminary Lectures will be delivered in the College from the first Monday of October until the commencement of the regular course.

Amount of fees for a full course of lectures,	\$100 00
Students who have attended two full courses in other schools,	30 00
Matriculation fee, paid only once,	5 00
Practical Anatomy,	10 00
Graduation fee,	30 00

The Commencement will take place early in March.

FACULTY.

CALEB B. MATTHEWS, M. D.

Professor of Materia Medica and Therapeutics.

WILLIAM S. HELMUTH, M. D.

Professor of Homœopathic Institutes, and the Practice of Medicine.

SAMUEL FREEDLEY, M. D.

Professor of Botany, and Medical Jurisprudence.

CHARLES NEIDHARD, M. D.

Professor of Clinical Medicine.

WALTER WILLIAMSON, M. D.

Professor of Obstetrics, and the Diseases of Women and Children,

ALVAN E. SMALL, M. D.

Professor of Physiology and Pathology.

MATTHEW SEMPLE, M. D.

Professor of Chemistry and Toxicology.

FRANCIS SIMS, M. D.

Professor of Surgery.

WILLIAM A. GARDINER, M. D.

Professor of Anatomy.

W. WILLIAMSON, M. D.,

No. 80 North Eleventh Street, Philad.

HOMŒOPATHY IN ENGLAND.

It was stated in a public lecture in Boston, in 1842, that there were but six homœopathic physicians in England. A supplement to the January number of the British Journal of Homœopathy, contains a "list of the Homœopathic Practitioners and Dispensaries in Great Britain and Ireland," with the place of residence. The number of practitioners given in London is 48. In the provincial towns 51. In Scotland 10, and in Ireland 7. The number of homœopathic Dispensaries in London, is 16. In the provincial towns 22. In Scotland 3, and in Ireland 3.

MR. CLAPP. — In answer to your inquiries of the success of homœopathic treatment of Cholera during its recent prevalence in

this city, I would state that Dr. Payne and myself have visited and prescribed for forty-six cases laboring under distinct and marked symptoms, characteristic of cholera in its various stages, commencing more or less suddenly with distress and anguish at the stomach and across, with severe prostration and relaxation of the whole system, accompanied with nausea and disposition to vomit, and in many cases severe, with loose passes from bowels, and in most of the cases severe spasms in various parts of the system — twenty of which had the rice-water discharges more or less severe.

Of the whole number, five only have died ; the remainder are cured. Of these four were in a state of collapse when visited, had been taking of various other medicines, and were prescribed for by earnest solicitations of friends to mitigate their sufferings. The other one had been intoxicated for six or eight hours immediately preceding the attack and exposure to damp night air, was visited six hours after the attack of severe diarrhœa and vomiting, and about one hour of severe spasms of extremities. In this case there was a mitigating influence from the medicines given and temporary arrest of symptoms, but died in twenty-four hours after ; his previous condition was not made known until a few hours after commencing treatment. There have been a few cases visited in the last stage of the disease, and not prescribed for, consequently not reckoned in the list of cases. Of the number cured, many of them had been taking of various other medicines, but without relief before our visiting them. Those who had not, were much more easily and quickly cured by the proper homœopathic medicines.

The whole number of deaths in this city, as reported, were 162 — occurring from August 30th to October 6. No cases have occurred since.

It is quite difficult to make any correct comparison of the different systems of treatment. The cases of attack were not reported but in part. It has been quite currently reported that the old practice did not cure a case of well marked symptoms of cholera, but I think there were some who got over it under their treatment, but the number must have been quite small. Thompsonians are reported to have got out some cases, but a considerable proportion of deaths have occurred under their treatment. Of the others, I have heard nothing said, and no cures reported as yet.

We have eleven practitioners of the old school, two homœopaths, four Thompsonians, besides several laymen who have volunteered on this occasion, two botanics and one eclectic, in this city with a population of about 13,000.

Yours Respectfully,

WILLIAM GALLUP, M. D.

Bangor, Me. Oct. 25, 1849.

THE FATHERS OF MEDICINE. — M. Darenberg, the eminent Librarian of the Academy of Medicine of Paris, well known by his past researches in ancient medical literature, is now proceeding to Italy, in order to gather, in the public libraries of that country, further materials for the edition of the medical writers of antiquity, which he is to publish, under the immediate support of the Academy. The Minister of Public Instruction, at whose suggestion this scientific mission has been instituted, requested the Academy of Medicine to give M. Darenberg detailed instructions on the following heads :

1. History and Literature of Medicine, both in remote and in the Middle Ages ; —

2. The collection of materials for the above-mentioned work ; —

3. The compilation of a catalogue *raisonné* of medical manuscripts. This catalogue is already begun, and comprises the libraries of Paris, England and the north of Germany. These various tasks have appeared to the Academy above the efforts of a single man, and M. Darenberg was therefore desired to confine himself especially to the examination of manuscripts referring to the following authors : Hippocrates, Rufus, Galen, Oribazius and Aetius.

A NEW METHOD OF DETECTING ARSENIC IN THE VISCERA AND IN ORGANIC SUBSTANCES. BY M. LASSAIGNE. — M. J. Lassaigne boils the substance suspected to contain arsenic in a mixture of sulphuric and nitric acids, slightly diluted with water ; the resulting liquid contains all the arsenic present, and has not the usual viscosity of the fluid matters to be tested. Solid matters may be tested in the following manner : Having been divided into small pieces,

they are boiled in concentrated sulphuric acid, until incipient carbonization takes place; then, when cool, concentrated nitric acid in excess is added to the carbonized mass, and the mixture is boiled until the nitric acid is entirely decomposed. The residue is diluted with from five to six times its volume of distilled water; it is then filtered and Marsh's test applied.

A weight of sulphuric and nitric acids, equal to the weight of the substances requiring analysis, is considered by M. Lassaigne to be the suitable proportion. This method M. Lassaigne has found to be completely successful in separating arsenic from even the smallest quantities of organic matter. *Med. Gaz. from Journal de Chimie Medicale.*

PROF. TIEDEMANN'S RETIREMENT. — Our readers will learn with regret, that the celebrated anatomist and physiologist, Tiedemann of Heidelberg, has just resigned his chair. His retirement is attributed to the grief the eminent professor feels at the death of his son, who had been commander of Rastadt during the recent Baden insurrection, and who was executed on the surrender of that fortress.

EDITORIAL NOTICE.

We commenced in this number to give the views of our lamented Griesselich relating to "Rademacher's Empiric Medicine," and intended to let our views on the subject follow it, but have been crowded out by other matter, more directly touching our cause. We shall endeavor, in our next, to give a sketch of the literary movements and notions of this modern school of empiric medicine.

BOOKS RECEIVED.

Sources of Health; and Prevention of Disease, or Physical and Mental Hygiene. By John A. Tarbell, M. D.

Pocket Homœopathist, and Family Guide. By John A. Tarbell, M. D.

ERRATA.

Pages 181, 182, 183, for *genus epidemicus* read *genius epidemicus*.

QUARTERLY HOMŒOPATHIC JOURNAL.

HOMŒOPATHY IN THE YEAR 1849 IN GERMANY AND ENGLAND, WITH A GLANCE AT ALLŒOPATHIC MEN AND THINGS ; BEING TWO PRELIMINARY DISCOURSES, DELIVERED IN THE HOMŒOPATHIC MEDICAL COLLEGE OF PENNSYLVANIA. BY C. NEIDHARD, M.D. Professor of Clinical Medicine.

LECTURE II.

GENTLEMEN :

The medical department of the University of Vienna has always been celebrated throughout the world for the number of able professors, who have thrown lustre upon it by their important contributions to science ; but it has of late attracted universal attention from their researches in pathological anatomy. Vienna was, in fact, next to Paris, the greatest pathological school. The Viennese school has been particularly distinguished for its unremitting devotion to this branch of medical science ; and the professors have been also anxious to excite the same generous enthusiasm in their auditors, not as one of our late Allœopathic Introductory expresses it, for the sake of the loaves and fishes, holding up to the ambition of their pupils, as an ulterior motive for such exertions, the low standard of “a comfortable home and lucrative practice,” but the advancement of science alone. It is, in fact, this elevating tendency which is the distinguishing characteristic in the scientific life of the German savant. Having a sufficiency of income, which leaves

him free and unshackled in his peculiar pursuits, all his energies are directed towards the prosecution of his scientific researches. This freedom of scientific inquiry is, however, only partly accorded to the adherents of homœopathy. But, the latter having found great favor among people of the highest rank, particularly the Austrian, Hungarian, and Bohemian nobility, the old-school physicians were in a measure compelled to speak respectfully of it. You seldom hear, in all the provinces of Austria, as well as Northern Italy, expressions of that contempt which some old-school physicians in our country yet affect towards their homœopathic colleagues, and which deters many persons, not accustomed to think for themselves, from entering the doors of this college, or being in any way connected with us. On the contrary, I have heard the most celebrated allœopathic physicians uniformly speak with the greatest respect of homœopathic names. Many seemed to be acquainted, or even on intimate footing, with them. "We differ from our friends on some medical points," they said; "but we still esteem them as able, worthy, and industrious physicians;" and just in proportion to the high standing and ability of the allœopathic physicians, was the candid acknowledgment of the merit of their opponents.

Among these names I must mention *Rokitanski* and *Skoda*. They smiled, it is true, at the homœopathic doctrines, of which they evidently knew very little, having cultivated a different field; but they respected the men who were engaged in investigations different from their own. The celebrated *Rokitanski*, whom I met several times during my stay in Vienna, at the so-called "Chamber of the Dead" (*Todtenkammer*), a place where the pathological investigations are carried on, is a man of extremely noble physiognomy, and mild, unassuming deportment. He himself appointed an hour to show me the celebrated anatomical pathological preparations.

The dissecting-room, or "Chamber for the Dead," men-

tioned above, is a room situated at the back of the General Hospital, and somewhat below the level of the other buildings. In the centre of the room stands a large table of red marble, upon which all the important cases that die at the hospital are examined from eight to nine in the morning. Formerly Prof. Rokitanski made all these post-mortem examinations; but at present they are performed by his assistant, Dr. Lantner; — he, however, always looking in occasionally. A number of physicians, and the more advanced students, are surrounding the table. Owing to the revolution, which had driven thousands from the city, their number was just then quite small. Dr. Lantner dissects every case with great expertness, but explains nothing until every one has first satisfied himself in his own mind about the nature of the case. He then, after a short pause, dictates to another assistant, who sits at a desk behind him, the pathological state of the case, sometimes in Latin, at other times in the German language. If the case is an important one, a very minute account is given in German.

Dr. Skoda, whose clinic I next visited, lectured on infiltration of the parenchyma of the lungs, bronchial exudation, auscultation and percussion. He speaks very slowly, and not very distinctly. He pronounced tuberculosis to be the cause of scrofulous habit.

However pre-eminent Skoda, and the other Viennese professors, are in the diagnosis of diseases, their therapeutics have not much advanced. They themselves seem to acknowledge it. I made the rounds of his clinic with Skoda. Hectic fever he treats with sulphate of quinine and opium, merely to palliate, he said; for we have no specific for the lungs. In a case of blennorrhœa urethræ he prescribed ablutions of lukewarm water, cleanliness, rest; and, if that were not sufficient, injections of nitrate of silver. In a case of traumatic tetanus, he gave one grain of opium every night.

In the surgical clinic, I saw *Dr. Dumreicher* operate, in the case of a child with imperforate anus, in some cases of

club feet, and in several steatomatous tumors. These operations were all performed with great skill. In almost every case he makes use of chloroform. He subsequently gave a very interesting lecture on the case of a boy with scrofulous tumors on the legs, connected with tubercles in the lungs; the latter getting worse, whenever the former were improving. In another case he did not operate, but employed an appropriate machine, with the external use of cold water, and cod liver oil internally.

Dr. Rosas, the professor of ophthalmology, is a very pleasant and kind-hearted man. Not belonging to the new school of the German pathologists, his clinic is perhaps less frequented than that of the other professors. Of the wax preparations by which he illustrates the diseases of the eye in his lectures, those of the comparative anatomy of the eye are particularly valuable. I was also struck with the preparations in wax of the different cataracts, amaurosis and the syphilitic, scrofulous and erysipelatous ophthalmia.

Dr. Hager, surgeon to the staff of the army, and clinical professor, is well known as an author of surgical works. He spoke to me of some new and superior mode of treating fractures of the clavicle that he had discovered, and of some new bandages that he had invented for the purpose; also that he could give certain and reliable indications for *trepanning*. He promised to communicate his works to me. He was altogether a very pleasant man, and, according to my companion, one who is not esteemed in proportion to his worth.

The next physician I was introduced to was *Dr. Rettenbacher*, a pupil of Liebig, and professor of chemistry at the Josephinum. He has a shrewd, intelligent face, and is one of their best lecturers. His face is somewhat thin and pale; his eye is very expressive. He looks like a man who thinks deeply and constantly.

On the 11th July, I heard an interesting lecture by *Dr. Brücke*, the professor of physiology. The subject was the organs connected with the voice. He described the different

muscles, causing the various sounds whilst the air was passing on them. Different tubes were exhibited, and air blown through them, showing the variations of the sounds. All could be explained and produced artificially, except the *false* *setto* sounds, which were not, as yet, quite distinct.

The most remarkable conversation, however, I held with Prof. Jaeger, the celebrated oculist; for thirty years physician to Prince Metternich. According to him, the prince is the embodiment of a liberal gentleman. He related to me many anecdotes to prove this position; but, as these are foreign to the subject, I must pass them over. He declared that all that had been said about the softening of Metternich's brain was false. "His brain could dry up, but never soften!" He was only subject to a species of vertigo. In his exterior, Prof. Jaeger has the air of a courtier and *homme d'ancien régime*. His smile is politic, and his countenance has nothing profound in it. Smartness, I should suppose, may be his characteristic. With him I shall conclude my account of the Viennese allœopathic celebrities with whom I came in contact.

You will follow me now, gentlemen, with greater interest to an examination of the state of homœopathy in the Austrian capital. I shall commence my relation with a description of the Homœopathic Hospital.

The Hospital of the Sisters of Charity, situated in the suburb of Gumpendorf, is a large, well-constructed edifice. It seems particularly clean, and well kept, and has a large garden attached to it. The building contains about sixty beds. The female patients are on the second floor, the male on the third floor, in large, well-ventilated rooms. Owing to the prevalence of the cholera at Vienna, there were only cholera patients at the hospital. All others, by a rescript of the government, were for the time excluded. The first time I went there, there were about twenty-one cases; fourteen women and seven men. Subsequently, the number constantly augmented with the increase of the disease in the

city. The patients were mostly of the very poorest class, from unhealthy localities; several families living together in one room, crowded together to excess, each peculiar apartment only marked off by a piece of chalk. Moreover, the patients only asked to be admitted to the hospital when the disease was at its height. Notwithstanding these unfavorable circumstances, where the least chance for any treatment was given, they soon improved after the homœopathic remedies. The symptoms were the same as observed everywhere else; spasms in the stomach and bowels, frequent rice-colored diarrhœa and vomiting, cold, dry tongue, and coldness of the whole surface of the body; in some cases painless diarrhœa, pressure in the stomach, and great thirst: one patient drank four quarts of water during the night. In the worst cases, where typhoid symptoms made their appearance, the tongue was yellowish, coated, and dry, no voiding of urine: as soon as the urine comes back, the patient improves. The more the diarrhœa prevails, the less dangerous the disease. A favorable symptom is also the appearance of a kind of measles: as soon as this peculiar eruption breaks out, the patient will mend. The most hopeless cases are those which have neither vomiting nor purging. Being often sent to the hospital in the afternoon, the patients sometimes die before Dr. Fleischman, the physician to the institution, has been able to see them. In his absence, Dr. F. leaves free directions to the Sisters of Charity how to treat them. This treatment generally consists in the external and internal use of camphor.—*Treatment of Cholera Asiatica.* In all cases the patients receive ice-water for a drink, and cold applications to the abdomen. *Veratrum* is the most common remedy in the majority of cases, particularly where vomiting and purging were about equal. *Arsenic*, where sinking of the vital powers with diarrhœa predominates. *Phosphor*, in those cases verging into the typhoid state.

With *Jatropha curcas*, as the epidemic has just commenced, he had found no opportunity of making experiments;

but, in the epidemic of 1836, he experienced no beneficial effects from it. The *Jatropha* he made use of, he obtained from England. A great many other remedies were tried by Dr. Fleischman during the former epidemics; but his success with them was not so striking as with the three above mentioned, — namely, *veratrum*, *phosphor*, and *arsenicum*; and, in consequence, he now confines himself entirely to them.

The Vienna physicians, allœopathic as well as homœopathic, are all contagionists. My own opinion is, that cholera is both contagious and epidemic, generated by a peculiar, specific poison of miasmatic origin, and affecting persons peculiarly predisposed, who may communicate it from one to another. The array of facts on both sides is equally strong.

Wishing to form an unbiassed judgment with regard to the success of the homœopathic treatment in the cholera, I asked a respectable allœopathic physician about it. He referred me to a statistical work published on the subject by the Protomedicus, Dr. Knoly, the first medical officer in the empire. According to this book, the Homœopathic Hospital is said to have lost a greater number of patients than any of the other institutions. On minute inquiry, I found just the contrary to be the case. But let one fact suffice here for many. It was owing to the great success of homœopathy in the cholera, that the government thought proper to revoke the rescript which forbade the homœopathic practice to Austrian physicians. From that time it became free, and spread all over the country.

What the homœopathic physicians of Vienna complained of is, that Dr. Fleischman never furnished a minute, statistical account of the cholera cases, as well as other diseases, and the treatment pursued. He ought not merely to have stated, for example, that *phosphorus* is the best remedy in pneumonia, but he ought to have given a description of the cases where this remedy was indicated. Some, however, defended Dr. Fleischman on the ground, that he lacked time

to draw up his cases, having to visit the hospital in the morning, and during the rest of the day to attend to other practice in town.

Still, a more specified account of the most remarkable cases at the end of the year might have been of the greatest service to our cause. The only record we possess of the hospital is the yearly report, published in the "Hygea," and the "Vienna Homœopathic Journal." Through the politeness of Dr. Fleischman, I have been furnished with a printed tabular view of all the cases treated from Jan. 1, 1835, to the last of December, 1848, which I shall here subjoin :—

DISEASE.	Remained from the year 1834.	Admitted.	Cured.	Dismissed uncured.	Died.	Remain.
Abscess of the brain		3			3	
Apoplexia		10	5	2	3	
Age, old		35		13	22	
Aphthæ		5	5			
Aneurism of the heart		1			1	
Asthma		2	2			
Burns		40	39			1
Chlorosis		128	127			1
Croup		1	1			
Cholera morbus*		48	43		5	
Chest affections, rheumatic and arthritic	1	47	47		1	
Convulsions		12	12			
Cough		98	96		1	1
„ chronic		250	235	3	12	
„ spasmodic		18	18			
Club foot †		8	6	2		
Colic, lead		49	49			
„ of different kinds		73	73			
Cancer		7		4	3	
Caries of the bone		7		7		
Diarrhœa of various kinds		199	196		3	
Distortions		12	12			
Dysentery		72	69		3	
Dropsy, general		24	21		3	
„ of abdomen	1	14	8	2	5	
„ of chest		7	1	1	5	
„ ovaria		2	2			
„ brain		9			9	

* *Cholera Asiatica*.— Besides the above mentioned, there were treated during the epidemic cholera in the year 1836, from the 14th of July to the last of September, 732 cases, of which 488 were cured.

† All surgical cases are attended by a surgeon.

DISEASE.	Remained from the year 1834.	Admitted.	Cured.	Dismissed uncured.	Died.	Remain.
Dropsy, pericardium		2	1		1	
„ lungs		38		1	37	
Exudation in cavity of chest . .		47	43		4	
Epistaxis		1	1			
Fracture		1	1			
Fever, inflammatory		37	36		1	
„ gastric	2	878	873		6	1
„ catarrhal		356	352		4	
„ typhus abdom.*	3	1514	1262	2	249	5
„ nervous		676	660	1	14	1
„ rheumatic	1	929	930			
„ intermittent		658	653		5	
Frost-bitten feet		9	9			
Gastric diseases		196	196			
Gout, acute and chronic	2	138	134	2	4	
Hæmoptysis		114	101		11	2
(Vomiting of blood)		3	2		1	
Hemorrhage		3			3	
Hemorrhoids		19	19			
Hoarseness, chronic		13	13			
Heart, disease organic		33		17	16	
Heart palpitation		2	2			
Hypochondria and hysteria . . .		10	10			
Headache, various		100	100			
Idiocy		1		1		
Insanity, acute		14	12	2		
Inflammation of aorta		4	4			
„ of eyes	1	57	57	1		
„ of eyes, scroful.		21	21			
„ of peritoneum		164	156		8	
„ of bladder		4	4			
„ of chest, external		2	2			
„ of muscul. of chest		3	3			
„ of ovaria		3	3			
„ of intestines		8	6		2	
„ of membranes of						
„ brain		29	25	1	3	
„ of joints	1	486	476		6	5
„ of uterus		2	2			
„ of throat	1	654	653		1	1
„ of pericardium		8	8			
„ of head of larynx		4	3		1	
„ of liver		7	7			
„ of larynx		25	24			1
„ of lungs		584	550		29	5
„ of spleen		2	2			
„ of thyroid gland		2	2			
„ of kidneys		1	1			
„ of lars		15	15			
„ of pleura		137	133		4	
„ of spinal marrow		2	2			
„ of veins		3			3	

* The result in every *hospital* is the same.

DISEASE.	Remained from the year 1834.	Admitted.	Cured.	Dismissed uncured.	Died.	Remain.
Inflammation of cellular tissue		8	8			
Icterus (jaundice)	1	63	63	1		
Influenza		52	51		1	
Liver, affection of		3	3			
Larynx, bleeding of the		1	1			
Lungs, consumption of		207		65	142	
Leucorrhœa		2	2			
Marasmus		3			3	
Morbus maculosus		2	2			
Menstruation, abnormal		36	35			1
Mammæ, induration of		1	1			
Nebula		1	1			
Nervous weakness		4	3		1	
Paralysis		12	11	1		
Rheumatism, acute and chronic		443	443			
Skin diseases, small pox		165	150		14	
" tetter		26	24	1		1
" rash petechia		8	5		3	
" zona		4	4			
" scald head		12	12			
" measles		61	58		2	1
" nettle rash		8	8			
" psoric eruption		20	18	2		
" erysipelas of feet		39	39			
" erysipelas of face	4	269	268	1	2	2
" scarlatina	2	47	46		3	
" varicella		150	149		1	
Swellings of different kinds . . .		110	106	1	1	2
Stomach, affections of the		25	25			
" gastro-malacia		2	2			
" induration of the		10		9		1
Sarcoma, medullary		8		5	3	
Spleen, affections of the		1	1			
Strabismus		2	2			
Scurvy		4	3	1		
Scrofula		22	14	3	8	
St. Vitus' dance		4	3	1		
Sprains		7	7			
Spasms		116	116			
Tape-worm		1		1		
Tremor of workers in metal . . .		2	2			
Ulcers in different places		127	124			1
" in the lungs	1	114		65	46	4
" in the stomach		5		4	1	
Scrofulous ulcers		41	37	2	2	
Vomiting		40	40			
Wounds		96	95	1		

At one time Dr. Fleischman delivered clinical lectures, but never very extensively. His only assistant at the hospital is Dr. Rothänsel.

THE HOMŒOPATHIC PHYSICIANS OF VIENNA.

I shall commence with an enumeration of the medical men, whose particular acquaintance I made during my stay, and give such data of their mode of practice and peculiarities as will be interesting, and at the same time instructive, to our homœopathic brethren on this side the Atlantic.

Dr. C. Watzke, the principal editor of the "*Vienna Homœopathic Journal*," is one of the broadest and most progressive men I met with in Vienna, and one from whom homœopathy has yet much to expect. He is the author of the brochure, "*Homœopathische Bekehrungs Episteln*" (Letters to make Converts), published anonymously; the criticism on *Dr. Stürmer's* work, "*Vermittelung der Extreme*" (Mediation between Extremes), in which he convicts the author of giving untruthful statements, of ignorance, and of calumny. He has also written a very able reply to *Prof. von Tœltenyis's* attack on the homœopathic principle.

I am sorry to hear from him his intention of retiring from the editorship of the "*Austrian Homœopathic Journal*," on account of his want of time. I trust he will occasionally contribute to the journal some of the profound critiques which have hitherto enriched that work. *Dr. Watzke* is a zealous admirer of the German philosopher, *Fichte*, whose addresses to the German nation lay constantly open on his table, and from whom he seems to draw his inspiration. He completely coincided with my views about German physicians emigrating to America to escape the present degraded state of their country; namely, it was the more the duty of the German homœopathic practitioner, whose influence is great, to labor for the regeneration of his country, when every thing appeared to retrograde. The failure of the October revolution he attributed to the want of consistency, absolute ignorance, and immorality of the people, high and low; also to their want of practical experience in political matters. They had, in fact, every thing to learn. Seeing the people,

as I did last July, oppressed for centuries, and degraded by ignorance and systematic corruption, I could easily conceive why they did not acquire their liberties in October. But to resume. He spoke of the high potencies, from which, he said, he never experienced any effects ; and he was very glad of it, because, even if he found them efficacious, he should always have used them with a degree of hesitation, on account of their uncertainty. Dr. Watzke uses the lower preparations ; in fact, seldom rises higher than the sixth, except with remedies like *Natrum muriaticum*, *Carbo vegetabilis*, and *silicea*. *Lycopodium* he rarely prescribes, having never found any effect from it. He also exhibits them in the fluid form, dropped in sugar of milk, and repeats often. Tinctures, like *belladonna*, *aconite*, he has prepared fresh every year ; being of opinion that the older preparations are less powerful, and must be used in larger doses. In expressing my satisfaction about the excellent proving of *bryonia* in the "Austrian Homœopathic Journal," he replied he was glad of it, as he had himself had much to do with that proving.

Dr. Wurmb, another of the first homœopathic physicians in Vienna, is a man of tall stature, with a countenance expressive at the same time of courage and benevolence. He was a captain in the students' legion during the revolution, and took part in one of the battles. Wurmb has proved himself a man of the people ; but the re-action has nearly destroyed him. The Vienna Homœopathic Society allotted different remedies for proving to each of their number. It fell to Dr. Wurmb's share to investigate the properties of sulphur. He fulfilled his engagement in the most thorough manner, not only by testing its action on the healthy, but by a chemical analysis of the urine each day, whilst under its effects. He showed me the manuscript, which formed a respectable volume, ready for publication ; but the revolution put a stop to every thing for the moment. If I remember rightly, Dr. Wurmb has also proved the cochineal ; at any

rate, it was proved by the Vienna Society. It will undoubtedly be one of the principal remedies in whooping cough, producing a very similar cough on people in health.

It was my good fortune one evening to meet the well-known *Dr. Attomyr*, from Presburg, in Hungary, at *Dr. Watzke's*. His principal object in coming to Vienna was to effect the deliverance of his brother homœopathist, *Dr. Nehrer*, from prison. The latter had been implicated in the Hungarian revolution. If successful in his endeavors, he would leave him his practice, and travel for six months; for, said he, it was impossible for him to look longer on the misery of his native country.

He spoke about the cholera. *Dr. Attomyr* mentioned that an Hungarian somnambulist consulted by him had pronounced the true specific for cholera to be *Seseli Vienne*, the wild pimpinell, half a tea-spoonful of the tincture for a dose. *Attomyr* says he has cured two cases with it.

Dr. Attomyr has elaborated Asiatic cholera, as he has dysentery; that is, putting the most characteristic symptoms of the remedies opposite to the similar symptoms of the disease. This is the true method of laying the foundation of a pure therapeia, which we must in the end be able to rely on with mathematical certainty.

Intermittent fever, according to *Dr. Attomyr*, is a very common disease in Hungary; and he has always succeeded in curing it with the usual homœopathic remedies. *Dr. Attomyr* always prescribes the high potencies of *Jennichen* in all chronic cases, but does not trust to them in the acute. In no part of Europe is homœopathy so generally diffused as in Hungary.

The same evening, I had the pleasure of meeting *Dr. Miller*, at present chief editor of the "*Austrian Homœopathic Journal*." *Dr. Miller* is well known as an active homœopathist and fluent writer. We had a long discussion about the importance of the time, and the conditions in the selection, of the homœopathic curative. We could not well

agree, although in reality we were not so far apart. We all knew that something more than the symptoms, or the pathological condition, must be the deciding point where several remedies seem to meet the symptoms of the disease equally well. Is it the time and condition? Is it the color? Isomorphous condition? The chemical affinity? or what else? We cannot deny that several remedies are not unfrequently equally indicated in the same case; and the choice between them is very difficult. We have hitherto helped ourselves by giving them alternately, or we have thought that the symptoms of one or the other were not fully experimented upon. With many remedies this is now not the case, and we are still wavering in our choice. Some light may be thrown on the subject by dividing all remedies into positive and negative classes. Some diseases will also be more easily cured, if all the different chemical compounds have been proved. With regard to new remedies, about which I was always anxious to inquire, Dr. Miller gave, in a case of scarlatina, where the disease did not come out, and after the unsuccessful exhibition of belladonna, mercur. canthar., the *bombus terrestris*, the poison of the bumble bee. He has cured two cases with it, and has proved it on the healthy.

Dr. Anton Schmit, physician to the Duke of Lucca and Parma. For twenty-three years this family have advocated our science. During the revolution they fled from their dominions, and, as a matter of course, their physician accompanied them. Both were, therefore, temporarily in Vienna. Dr. Schmit is an advocate of the higher potencies, which he principally prescribes, and with which he maintains that he succeeds best in curing disease. He is a great advocate of Hahnemann's experience, and believes few have surpassed him in the powers of observation. The great thing in homœopathic practice, according to him, is the individualization and recording of every case. He thinks that there are at present few or no homœopathic physicians in Vienna, who are in the habit of writing down their cases, and keeping

a record of them. I give this merely as his opinion, without vouching for the truth of it. I have no doubt that they must be in the habit of writing down their most important cases, else they could not publish so many valuable observations in the homœopathic journals. Dr. Schmit always does, which gives me a favorable idea of his practical skill; this being the first condition of success.

He seldom employs a dilution lower than the twelfth. Even syphilis he cures with mercur. 12; and he mentioned a case which until the seventh day did not improve, when on the eighth it improved a little, and from that day the patient gradually recovered. It is a pity, that all patients are not content to wait a week before they improve. Dr. Schmit, however, does by no means deny the possibility of others curing with lower dilutions and more material doses. Every one according to his experience. He prescribes his remedies at protracted intervals in the form of globules of the size of a poppy-seed; thus, as you will perceive, following Hahnemann in almost every particular. Korsakoff, of Russia, once made the observation that one medicated globule was capable of communicating its power to a large number of sugar-of-milk globules. Dr. Channing, of New York, experienced the same thing. Dr. Schmit remarked that the power thus obtained was retained for sixteen years, or as far as his observation goes. He is also of opinion that there is a greater difference in the power of the dilutions from one to three than from thirty to three hundred. His great remedy in cholera is spirits of camphor, with the alcoholic extract of the common rye, burned and powdered (probably charcoal). He detailed to me the case of a woman, whom he cured in the advanced state of the disease, in an apparently hopeless condition; the priest having been already sent for to administer the sacrament. In this case, frictions of the mixture to the pit of the stomach were also resorted to, and a few drops of the mixture were exhibited every ten or fifteen minutes until re-action took place. The remedy is undoubtedly a

popular one, and deserves consideration : that it should have originated from such a pure homœopathic practitioner as Dr. Schmit would have been a mystery, had not the somnambulists here also played their tricks. I must in this place say, once for all, that this trusting to the revelations of somnambulists is by no means common in Vienna. Nearly all homœopaths agree in opinion that they are only of very conditional value. One of the most celebrated of the somnambulists whom I frequently visited was magnetized by the mineral magnet under the direction of the eminent *Dr. Eisenstein*, of Vienna, who has scientifically investigated the subject, and made a great number of cures. I have great faith in the operation of the *mineral magnet* in the cure of epilepsy, and certain cases of paralysis. I closely watched its action in several cases of this kind, which were entirely restored by this means alone. The manner of application is the following: In the first place, a horse-shoe magnet is placed under each foot; then the four long magnets, two in each hand, are carried from the back of the head forward above the nose, down along the cheeks to the side of the head, to the middle of the chest and pit of the stomach, and subsequently along the legs to the feet. In some cases also the back is magnetized from above downwards: if you wish to double their strength, the magnets are laid across each other, and thus drawn along the spine.

But to return to the homœopathic physicians after this digression. Dr. A. Schmit accompanied me one afternoon to the veteran, *Dr. Marenzeller*, who, with the exception of one other homœopathic physician, was for a long time the only practitioner of the new school in Vienna. He is still engaged in the practice of medicine, but is said to spend an hour and half with each patient. His views of homœopathy have always been very peculiar. He began to dilate on them with great energy during our visit. According to him, homœopathy is the only veritable system of medicine: what is called allœopathy does not exist. You often catch glimpses of great truths in his discourse; but, not being ex-

pressed with any clearness, it was impossible to draw any practical benefit from them.

Two of the oldest homœopathic practitioners, who enjoy a very large circle of practice, Drs. Schæffer and Von Lichtenstein, I had not the pleasure of meeting, as they were out of town. The same was the case with Dr. Hampe, physician to Prince Lichtenstein. He has lately written an excellent treatise on diseases of the spine, which will be published in the next number of the Vienna Journal. One of the most important acquisitions to the homœopathic ranks was *Dr. Zlatarovitsch*, until lately Professor of Materia Medica at the Josephinum. This institution was formed to educate young surgeons for the army; but, after the failure of the late revolution, it was united to the university, for no other reason than to appoint a certain medical man, chief physician to the staff of the army; which position he could not reach, unless the Josephinum were abolished. Partly, however, it was to punish the students of Vienna, the great majority of whom had taken part in the revolution. The beautiful aula of the university, where science once reigned, is now converted into a barrack for soldiers. No student is allowed to graduate without promising beforehand to serve in the army as a surgeon. Of the arbitrary acts of this government, the inhabitants of a free country can hardly form any adequate conception. Thus the rescript of the government, permitting the homœopathic practice to all physicians, has never been allowed to be published. There exists no earthly reason for this prohibition, except that the physicians high in power dread the spread of homœopathy by this publication, and that the conservatism of the governing powers instinctively turns against every innovation. The consequence of all these proceedings is, that a great many army surgeons practise it secretly. In order not to be discovered, they pretend to prescribe allœopathic medicines which their patients never take, using homœopathic medicines all the time. In their quarterly reports, they give an account of the treatment pursued; *e. g.*

in a case of pneumonia, they say, they have bled the patient, and given nitrate of potash, calomel, &c. whilst, in reality, their patients took aconite, bryonia, and phosphor. What influence such a state of things must exercise upon the morality of the people we may easily imagine. Prof. Zlatarovitsch is also the chief of a commission, whose business it is to furnish the army with unadulterated medicines. Through his hands, he says, passes quinine, not by pounds, but by barrels. With this commission he unites that of health-officer; and he showed me a report, which he had just drawn up. Dr. Zlatarovitsch is a man of about middle age, with a fine Sclavonic countenance. I asked him whether his open avowal of homœopathic principles had not injured his position: he thought not directly, but indirectly they tried to injure him as much as possible. But he is evidently a match for them. He is now determined, notwithstanding the prohibition, to publish the emperor's rescript in the "Vienna Homœopathic Journal," and all the proceedings connected with it. In the next number, all will appear. He was highly delighted with the account I gave him of our doings in America, and saw at a glance the importance of a medical institution, where the young men of the country would be trained up in the homœopathic light.

Even as an allœopathic professor, he impressed his hearers with the idea of specific medicines; *e. g.* colocynth, they are told, is a drastic purgative, and they take this idea with them all their lives; but they are not told what its individual and far more specific effect is on the human body, in neuralgias of the pips, in dysenteries, &c. and its whole pathogenesis. Thus Prof. Zlatarovitsch had already told his students, that colocynth, rhubarb, magnesia, senna, and a great many more, are all purgatives; but this is the least of their effects. Agaricus is the remedy that the doctor has elaborated for the proving society, and will soon publish.

I regretted very much not to be able to see *Drs. Menz* and *Vrecha*, and other Viennese homœopathic practitioners; but

they were either out of town, or I had myself not time to visit them. In addition to the above-named homœopathic physicians, I find in the printed catalogue of the Vienna faculty the following names of medical men belonging to our school: Drs. Hector Arnetti, Boehm, Frölich, Gerstel, Glücker, Gnädinger, Loewe, Marenzeller, jun. Polatyck, Puffer, Reisinger, Richter, George Schmid, Siegl, Sterz, Streintz, Tedesco, Cajetan Wachtel, Weinke, Würst, Wurda. There are altogether about fifty homœopathic physicians. They are, of course, not all included in this catalogue, as it only contains such physicians as belong to the Vienna faculty. Almost all of them are in good practice. There is no city in Europe, where homœopathy is so generally adopted as here, and among classes distinguished by their rank and intelligence. This will be considered the more remarkable, when we regard the obstacles that have been put in its way to prevent its spreading, by the government, but to no avail. Homœopathy has succeeded in spreading itself far and wide through the community.

Almost the last thing I visited was the celebrated collection of anatomical wax preparations, called the wax cabinet. These beautiful models are the work of the celebrated Mascagni, and have cost above a million of dollars. They are contained in six or eight saloons. Their number is so great that it is impossible to enter into details. It will be sufficient to say, that every part of the body, sometimes a single muscle, is portrayed as it appears under the microscope. The obstetrical part is particularly rich.

ENGLAND.

London. — It just happened, that, during my visit in London, a meeting of the British Homœopathic Association took place. The *Duke of Beaufort* presided; and interesting speeches were held by *Drs. Quinn, Chapman, Mr. Sampson*, and others. The great object of the meeting was to esta-

blish a Homœopathic Hospital, and a committee to carry this resolution into practice was nominated.

In *Dr. Dudgeon*, of London, I found a very congenial and intelligent colleague, full of literary enterprise. He had just finished a new translation of the sixth edition of "*Hahnemann's Organon*," and was now preparing a new Repertory for publication, of which he gave me a specimen proof-sheet. At his house I also met *Drs. Black, Madden, Rutherford, Russel, Carr, Ringgold*, and *Walter*, of Dublin. The English homœopathic physicians are all strong men, with regard to intellect and character; but, in point of union and harmony, they have not advanced beyond their colleagues in other parts of the world. The number of homœopathic physicians in England, I am told, is about one hundred and sixty. About one hundred physicians are said to practise according to these principles in London; many, however, only *sub rosa*. Forty-three are regular members of the Physicians' Society. *Dr. Black*, the author of a very able work on homœopathic practice, is distinguished by a head in which the intellectual faculties are remarkably developed. *Dr. Madden*, also well known as the writer of several interesting papers in the "*British Journal*," practises at Brighton. *Mr. Hering* is said to be the recipient of a very large income from his extended practice. I was much disappointed at not seeing, or rather not speaking with, *Dr. Quinn*. Twice I called on him; but he was either out or engaged. The last time, he invited me to a meeting of the Physicians' Society; but, as none but regular members can participate in the discussions, and such regulations are more stringently kept in London than elsewhere, I waited, together with another physician from Dublin, in vain for the opening of the doors. The discussions were unusually long and animated. Matters of great moment, I was afterwards told, were debated that night; and no stranger could be admitted. The next morning I left the city without seeing *Dr. Quinn*. Surely a little more freedom in such regulations could do no harm.

Dr. Chapman, editor of the newspaper called the "Homœopathic Times," published once a week, had the kindness to furnish me with several letters to physicians connected with the Allœopathic Hospitals. I visited nearly all the principal ones to inform myself of the progress of allœopathy; but, as far as I could see, our elder sister had not advanced at all in conservative England. The general arrangements of their hospitals are the same as in all other institutions of the kind, and the treatment not different either. Bitartrate of potash is the chief remedy in all cases of dropsy; in chorea, zinc; in tubercular meningitis, calomel half a grain, often repeated to salivation; in dysentery, opium. In the Brompton Hospital, for consumption and diseases of the chest, where I spent a whole morning, the chief remedy is cod liver oil. All patients receive it. I conversed with a great many, and they all seemed to be benefited by it. At any rate they always got stouter, after using it for a couple of weeks. This, of course, is not a very safe sign of improvement.

Since the opening of the new building in 1846, 676 patients have been admitted, of whom were relieved, 466; died, 129; remaining at the house, 81. In the Old Hospital at Chelsea, out of 297 patients, 72 died; being nearly one death in every four; while the deaths in the New Hospital have been only 127 in 676, or nearly one death in five cases. I am particular in mentioning these circumstances, because I look upon the cod liver oil as a powerful specific medicine in this disease. Its principal active ingredients are bromine and iodine dissolved in their vehicle, the oil in the smallest quantities. Fifteen years ago, I employed this remedy with advantage in the most desperate cases of scrofula of the bones. At that time the name was hardly known in Philadelphia, and I had to import some myself. The particular indications where this medicine should be used it is more difficult to point out. I should say, that, in all cases where the cough is not too much settled, and where something may be expected from a renewal of the constitution of the patient,

this remedy will deserve primary attention. In one of the last numbers of the "British Journal" is an article by Dr. Madden on cod liver oil, which confirms nearly all my own experience on the subject: "Of the 60,000 deaths which occur every year in England and Wales from slow and lingering diseases, about 36,000 are probably due to pulmonary consumption. One-ninth, therefore, of the total mortality at all ages, and more than one-fifth of the mortality of adults, is due to this cause; and, as the duration of the disease, taking one case with another, is about two years, it follows that about 72,000 persons are constantly suffering from consumption, being at the rate of four persons in every thousand of all ages, and eight in every thousand adults. Again: of the 45,000 deaths occurring every year in the metropolis, about 5,600, or one-eighth of the total mortality of the metropolis at all ages, and little less than one-fifth of the mortality of adults, arises from this fatal disease; and upwards of 11,000 persons, being about one in 170 of the entire population of the metropolis, and more than one per cent of the adults, are constantly wasting away under the attacks of this lingering malady. Of these 11,000 cases, about three-fourths occur in males, of whom a large proportion are working men, unable to provide for themselves and families, systematically excluded from the general hospitals. It may be well to add, that many, very many, of these poor sufferers are the acknowledged victims of unventilated workshops, ill-constructed dwellings, vitiated atmosphere, long hours of work, and the want of open places for exercise and recreation; so that they may fairly claim from their richer brethren not sympathy only, but compensation for the injuries which their neglect has inflicted upon them."

With regard to the Homœopathic Hospital to be founded, I must mention, that numerous members of the aristocracy have become contributors. Great zeal has been evinced in this philanthropic and benevolent undertaking by both medical and non-professional individuals. Dr. Chapman, in the

“Homœopathic Times,” in alluding to the hospital, makes the following remarks: “Besides the advantages which result from the establishment of hospitals under ordinary circumstances, peculiar advantages might be secured for homœopathy, and for the promotion of its doctrines, as we might then have the most perfect means put in our power for testing the comparative success and merits of the two systems of medicine. We should, moreover, have the great gratification of completely setting at rest many of the cavils and objections raised against homœopathy by the stupid and ignorant.

“Among others, we might see an eternal *quietus* put on the hackneyed and obsolete charge brought so frequently against the system; viz. that whatever may be the result of homœopathic treatment in chronic diseases, in acute affections it is perfectly powerless. The falsity of this charge has been fully established on several occasions, and by several individuals of acknowledged character and ability for observation. With respect to one of the most decided of the the internal inflammatory diseases, viz. *inflammation of the lungs*, on a comparison being established between the results of homœopathic treatment, under the care of Dr. Fleischman in the Homœopathic Hospital of Vienna, during nine years, beginning in 1834 and ending in 1843, the average number of deaths was about one in sixteen; whereas in the Hotel Dieu of Paris, under the care of Chomet, an allœopathic practitioner, the mortality in the same space of time was about one in eight, or double that of Dr. Fleischman.”

Whilst on the subject of the comparative success of allœopathic and homœopathic treatment, we cannot resist the temptation of extracting the following interesting and valuable observations from Dr. Hayle’s able and eloquent address on the homœopathic system of medicine. The author is adverting to the great difficulties attending the application of the homœopathic principles to the treatment of disease:—

“That, however, the difficulties alluded to, neither render the system impracticable, nor rob it of its claims to greater

success than is attainable by the common mode of practice, the following evidence will satisfactorily prove. The evidence results from a report of a commission of inquiry, appointed by Duke William of Brunswick. *The books of both allœopathic and homœopathic practitioners were examined, with the view of discovering the respective proportions between cases treated and deaths. The highest homœopathic proportion was three in the hundred, the lowest less than one; whilst the allœopathic proportion ranged from eight to ten.* When it is known that the practitioners of Brunswick are obliged, under pain of heavy penalties, to keep a faithful register of cases treated and deaths occurring, and that the inquiry extended, in the case of one homœopathic physician, over ten years, and, in the case of another, over four, statistical information of this kind must be allowed to have great weight."

All the homœopathic physicians in England, with whom I came in contact, expressed themselves satisfied with the progress of our art there. In London especially it is constantly on the advance. The best evidence of this is, that from four to five homœopathic druggists are doing a good business, and one of them has become rich. Some books on domestic medicine have reached a sixth and seventh edition. I was also told that the queen and other members of the royal family had employed a homœopathic physician. All the English faculty speak in the highest terms of the late Dr. Harris Dunsford, physician to the dowager queen, just deceased. His untimely end is generally regretted.

It is not in my power to give an accurate statistical account of the number of homœopathic practitioners in the different towns;* but I know there is no town of importance in England without at least one, if not several adherents of our school. Edinburgh has five: *Drs. Russel, Wilobycki, Lynchinski, Sutherland, and Prof. Henderson.*

* The last Number (XXXI.) of the "British Journal of Homœopathy" contains a complete list of homœopathic practitioners in Great Britain and Ireland.

In Liverpool, I found the indefatigable *Dr. Drysdale*, one of the editors of the "British Journal," *Mr. Moore*, and *Dr. Hilbers*. They all seemed to be overrun with business; and, according to their account, homœopathy is in flourishing condition there. In their treatment of the cholera, during the present summer, they have been very successful. Some statistical accounts will soon be published by them, verifying this statement. The greatest difficulty they had to contend with was the suppression of the urine after the cholera had abated. Patients, apparently recovering, died with this symptom. Their Dispensary, No. 2, Harford-street, Mount Pleasant, is open at nine o'clock, A.M. The average weekly attendance is more than 200, and upwards of 10,400 patients annually. The subscriptions and donations received for the year 1848 amounted to nearly £100. The chief donations of former years were £292. They all express themselves perfectly satisfied with their success, and only want ten more collaborators.

The practical mind of the English has already, at an early period, manifested itself by the general introduction of dispensaries. Hospitals will follow next. It is also the object of this college to pay every attention to the dispensary, not merely as a charitable institution, but as a great school for the acquirement of homœopathic knowledge. In the last Number of the "British Journal," *Dr. Drysdale* has furnished us with a very interesting account of English Dispensaries, of which I shall here subjoin a list:—

LONDON DISPENSARIES.

London Homœopathic Institution.—Total cases to 1st August, 1849, above 8,000. Instituted 1836. Medical officer, *Dr. Curie*.

Marylebone Homœopathic Dispensary.—Instituted 1840. Medical officer, *Dr. Partridge*.

West London Homœopathic Free Dispensary.—Instituted

1841. Total cases to 1st August, 1849, 4,000. Medical officers, Dr. Dudgeon and Mr. Engall.

Private Dispensary. — Instituted 1842. Total cases to 1st August, 1849, 1,856. Medical officer, Dr. Broackes.

Islington Homœopathic Dispensary. — Instituted in 1845. Total cases to 1st August, 1849, 2,000. Medical officer, Dr. Chepmell.

Homœopathic Dispensary. — Instituted in 1846. Total cases to 1st August, 1849, 260. Medical officer, Mr. Millard.

City Homœopathic Dispensary. — Instituted 1847. Medical officer, Mr. Kidd.

Marylebone Homœopathic Dispensary. — Instituted in 1848. Total cases to 1st August, 1849, 566. Medical officer, Dr. Malan.

St. John's Wood Homœopathic Dispensary. — Instituted 1849. Total cases to 1st August, 1849, 75. Medical officer, Mr. Pearce.

Homœopathic Institution. — Instituted 1849. Medical officer, Dr. Prince.

Homœopathic Institution. — Medical officer, Mr. Lisson.

Harrison's Spinal Institution. — Medical officer, Dr. Epps.

Westminster and St. George's Free Homœopathic Dispensary for the Cure of Consumption and Diseases of the Chest. Medical officer, Mr. Wilson.

North London Homœopathic Medical Establishment. — Medical officer, Dr. Vietinghoff.

East London Homœopathic Dispensary. — Instituted 1849. Number of cases to 1st August, 1849, 166. Medical officer, Dr. Fischer.

The Hahnemannian Medical Institution and Dispensary. — Consulting physician, Dr. Laurie. Physicians in ordinary, Drs. Henriques, Kelsall, and Osman. Surgeons in ordinary, Messrs. Browne, Kelly, and Sherwood. Accoucheur, Mr. Kelly. Resident surgeon, Mr. Chapman.

PROVINCIAL.

Bath Homæopathic Dispensary. — Instituted 1849. Medical officers, Dr. Luther and Dr. Laurie.

Birkenhead Dispensary. — Instituted 1849. Medical officer, Dr. Wright.

Birmingham Homæopathic Dispensary. — Instituted 1845. No list of patients kept; but the number of cases in June, 1849, 560. Medical officers, Dr. Fearon, Mr. Lawrence, and Mr. Parsons.

Brighton Homæopathic Dispensary. — Instituted 1849. Total cases to 1st August, 1849, 466. Medical officers, Dr. Madden, Mr. Cobbe, and Mr. Wardroper.

Bradford Institution for the Diseases of Women. — Medical officer, Dr. M'Leod.

Canterbury Homæopathic Dispensary. — Instituted 1848. Total cases to 1st August, 1849, 366. Medical officer, Mr. Parsons.

Exeter Homæopathic Dispensary. — Instituted 1849. Total cases to 1st August, 1849, 149. Medical officer, Dr. Guinness.

Glastonbury Homæopathic Dispensary. — Instituted 1843. Total cases to 1st August, 1849, 6,592. Medical officer, Mr. Newman.

Hull Homæopathic Dispensary. — Instituted 1849. Total cases to 1st August, 1849, 196. Medical officer, Dr. Atkin.

Ipswich Private Dispensary. — Medical officer, Mr. Hewitt.

Leeds Homæopathic Dispensary. — Instituted 1844. Total cases to 1st August, 1849, 3,122. Medical officers, Drs. Irvine and Cresswell.

Leicester Homæopathic Dispensary. — Instituted 1846. Total cases to 1st August, 1849, 1,410. Medical officer, Dr. Hanson.

Liverpool Homæopathic Dispensary. — Instituted in 1841.

Total cases to 1st August, 1849, 19,408. Medical officers, Drs. Drysdale, Hilbers, and Mr. Moore.

Maidstone Homæopathic Dispensary.—Instituted 1849. Total cases to 1st August, 1849, 97. Medical officer, Mr. Watson.

Manchester Homæopathic Dispensary.—Instituted 1842. Total cases to 1st August, 1849, 14,875. Medical officers, Dr. Walker, Mr. Phillips, and Mr. M'Dowal.

Northumberland and Newcastle Homæopathic Dispensary. Instituted 1844. Total cases to 1st August, 1849, 2,976. Medical officers, Dr. Hayle and Mr. Elliott.

Norwich Homæopathic Dispensary.—Instituted 1848. Total cases to 1st August, 1849, 133. Medical officer, Mr. Hale.

Sheffield Dispensary.—Medical officer, Mr. Smith.

Sunderland Homæopathic Dispensary.—Instituted 1849. Total cases to 1st August, 1849, 400. Medical officers, Dr. Hayle and Mr. Elliott.

Taunton Dispensary.—Instituted 1846. Total cases to 1st August, 1849, 1,500. Medical officer, Mr. Blake.

Torquay Homæopathic Dispensary.—Instituted 1848. Total cases to 1st August, 1849, 420. Medical officer, Dr. M'Intosh.

Worthing Homæopathic Dispensary.—Medical officer, Mr. Cobbe.

SCOTLAND.

Edinburgh Homæopathic Dispensary.—Instituted 1841. Total cases to 1st August, 1849, 12,850. Consulting physician, Prof. Henderson. Acting physicians, Drs. Russell, Wielobycki, Lyschincke, and Sutherland.

Dundee Homæopathic Dispensary.—Instituted 1849. Total cases to 1st Aug. 1849, 117. Medical officer, Dr. Cockburn.

Glasgow Homæopathic Dispensary.—Instituted 1849. Medical officer, Dr. Beilby.

IRELAND.

Dublin Homœopathic Dispensary. — Instituted 1844. Medical officers, Drs. Goodshaw and Blyth.

Dublin Homœopathic Institution. — Instituted 1845. Medical officers, Drs. C. and G. Luther.

Belfast Homœopathic Dispensary. — Instituted 1848. Total cases to 1st August, 1849, 407. Medical officer, Mr. M'Gregor.

The above enumeration of dispensaries will give us some idea of the great progress of homœopathy in Great Britain, particularly within the last few years. Dr. Drysdale, in a very able article, disapproves of dispensaries on the self-supporting and remunerative plan, and recommends those supported by charitable contributions.

In their treatment, the English homœopathic physicians seem to occupy a middle ground, prescribing seldom higher or lower than from the sixth to the twelfth dilution. Other peculiarities of practice I did not notice. They seem more frequently to prescribe the Bichrom potassæ than we do in the United States; *e. g.* in dyspepsia, liver complaint, bronchitis, and phagedenic ulcers. But, above all, I was delighted to perceive the unanimity and good feeling with which our Liverpool colleagues acted in every thing relating to our sacred cause.

RADEMACHER'S SYSTEM OF EMPIRIC MEDICINE,
AND ITS RELATION TO HOMŒOPATHY.

BY THE EDITORS.

THE "Journal of Empiric Medicine," edited by Drs. H. Bernardi and F. Loeffler, and closely related to and in a great degree based upon the "system" of Rademacher, has, during the three years of its existence, afforded abundant evidence of the fact, that, in the investigation of any science whatever, we must be guided by some definite idea, and must pursue some logical order. Otherwise, however extensive may be the field of our investigation, and however great the learning displayed, the results of our studies will be practically unavailable; and, instead of throwing light upon the truth, — which should be the object in all scientific pursuits, — we shall only involve it in deeper obscurity. Though we find in the journal above named, many practical observations of physiological, pathological, and therapeutic facts, yet we look in vain for a systematic arrangement of the materials, or for any connecting link between the different articles, unless the latter is found in a characteristic vacillation between theory and practice. At one time it is made a virtue to condemn all theory and abstract speculation, as utterly useless in medicine; while at the same time there is great sensitiveness to the reproach of materialism and want of science; at another, there is an attempt to frame together something like a new system, to found a new school, with materials purloined from the very theories — of other schools — which had before been condemned.

At the sick-bed, in applying the various medical theories, the physician should be an eclectic; but, in pursuing his studies as a man of science, he must be guided by some method or system: he must have some theoretic views, in accordance with which he may mark the object at which he would arrive, and the mode of attaining it.

But these scientific empirics, while they are constantly ransacking the stores of knowledge which other schools have accumulated by means of theories, true or false, make it their principle to be guided by none of the principles of the schools. Having discarded every thing like theory, they are afloat upon an unknown sea without compass or rudder, ignorant of their course, and unable to keep it even did they know it. These knight-errants against all theories are ever ready to enter the lists against the attempts of the schools to explain the nature of disease and of the process of cure ; but when they come to the practice of medicine, instead of having demolished the theories against which they have fought so valiantly, we find them falling back upon some of these very doctrines to aid them in their attack upon the disease.

But it is in the endeavor to define their position as regards homœopathy, that they have the greatest difficulty in maintaining any thing like consistency. While they acknowledge that the homœopathsists have contributed greatly both to the science and the practice of medicine, they sneer at their fundamental principle, *similia similibus*. In order to conceal the person and the genius of Hahnemann, they conjure up and interpose the ghost of old Paracelsus Hohenheim. While they make free use of the knowledge regarding the action of medicinal substances upon the well, which is due to the homœopathsists, they deny their obligation to the latter for information which they make use of in prescribing those medicines for the sick. In the records of their most boasted "discoveries," they are, in reality, always on homœopathic ground ; and this we can generally show from their own clinical reports. We can easily see how the maxim of our school leads them to select the remedies to which their "successful treatment" is due ; but upon what other principle, or by what other process of reasoning, they are led to their choice of medicines, we cannot perceive. It appears to us that Dr. Loeffler merely expressed the idea of the Homoion, when he closed a public

discourse, at the anniversary of the Fred. Will. Med. Institute at Berlin, in 1848, by giving the following as "the future Law of Cure of German medical art," viz. "*The anatomico-physiological sphere of action of medicines upon the sound organism is also their sphere of action upon the sick.*" For though the words *similia similibus* may seem unmeaning or even paradoxical, yet they direct the mind of the physician to two great classes of phenomena; viz. 1. Those which show the nature of medicines, by showing their action upon the sound organism, when brought into relation with it; 2. Those which show the nature of a disease, by showing its action upon the unsound organism in which it is seated. Having found a clear idea of these two classes of anatomico-physiological or pathological phenomena, the mind is easily led back to its starting-point, — the *connecting therapeutic link*, the *similia similibus*.

This process of the mind, in putting into execution the idea of the homœopathic law, is as natural as is the recollection of facts by the association of ideas; it is also of great practical utility, as it exercises the mind in therapeutic speculations, embracing at the same time their physiological, pathological, and pharmaceutic relations.

The "scientific empirists" profess to free practice from both the extremes that are found in medicine, viz. from mere empiricism on the one hand, and from dogma on the other. But thus far we have seen them ever clinging to one or the other of these extremes. Without the constant influence of a leading and fundamental idea (a general law of cure), it is impossible ever practically to better our therapeia. They say "that, by means of the mighty lever, experiment, the empiric method alone is fitted truly to hasten the perfection of the art of medicine." We maintain, however, that homœopathy also makes experiments and trials. But, however true the old motto may seem to be, *medicina est ars experimentalis* (especially as it comes from one of our forefathers in classical medicine), yet it is indisputable that the experimenter should confine

himself to that part of the art which *prepares the way* for practice in disease, not venturing to make experiments in the latter. In giving medicines to the sick, whether in large or small quantities, and in offering his aid in any manner as a physician, the practitioner is under certain moral obligations which forbid his exposing the patient to any unnecessary risk for the benefit of science.

Hence the homœopathist goes to the sick-bed, not like Rademacher, "with the intention of experimenting," but of curing. But, being confident as regards his individual diagnosis and the specific indications, he is able, after having observed the course of a disease, and the results — favorable or unfavorable — of the treatment, to acquire the means of better treating the next case. His chief advantage over the empirist consists in this, — that he is able to store up all the experience which he acquires, and to preserve it for subsequent use according to its value, while that which is gathered together by the other is of no use: it is like the miser's gold, unemployable, and therefore worthless.

In point of fact, whenever the empirist attempts to *reason merely*, we find him involving himself in contradictions. It is only when he is a *mere observer* of the symptoms of disease, and of the effects of medicines, that we can expect to gain any information from him.

In apportioning off the divisions of their journal among the different branches of medical science, we find the editors, at the very outset, trespassing upon homœopathy, since they declare their intention of exploring *the field of experiment upon the sound organism with medicinal substances*, in order to learn their action. That they may avoid, however, the charge of inconsistency in making such experiments while denying the homœopathic principle of cure, they endeavor, cunningly enough, to justify their purpose by offering the "new" idea of an anatomico-physiological sphere of action. Thus they say with regard to —

“ Observations and trials of the effect of medicines upon the sound organism.

“ The experiments so often made in late years to ascertain the operation of poisons upon dogs, cats, rabbits, and larger animals, seem to us to have afforded so little information of value in the treatment of human diseases, that we shall give very little room to communications of this kind.

“ It concerns us less to throw light upon the hitherto hypothetical *how* of medicinal operation, — purely chemical or mechanical agents of course excepted, — *than to become better and more extensively acquainted with the anatomico-physiological sphere of action of individual medicines, and with the condition under which they act.*

“ Still more important to our purpose are the *histories of cases of slow poisoning of the human organism*, which unhappily fall too often under the observation of the physician ; also the results of the so-called *physiological provings* of medicines, which have hitherto remained the almost exclusive property of the disciples of Hahnemann.

We have no intention, however, to give any encouragement in our journal to the endlessly tedious and scarcely useful *details of medicinal symptoms of early homœopathy*. The progress-party of the school of Hahnemann have themselves lost their taste for them, and are desirous to give the good cause a less repulsive form.

“ The action of medicines upon the sound organism interests us furthermore, not merely that we may, with Rademacher, learn their ‘*hostility or inhostility*’ (? !), but also, and especially, *their relations to the individual organs and to the functions of the organism.*

“ The investigations of Hahnemann show beyond a doubt, that color, smell, taste, in short, any of the sensible properties of a medicinal substance, can afford no aid in deciding with regard to its action upon the sound or the diseased organism ; therefore, unless the physician were in possession of such physiological provings of medicines, he would be greatly

embarrassed in selecting the disease in which he should make proof of the curative power of any particular article.” *

The writer next promises a place in his journal to the history of purely pathological non-medicinal cases : the *methodus expectativa* he justly condemns. This division is entitled —

“ *Observations upon the course, duration, and termination of diseases, which have not been interfered with by art, or which have been only dietetically treated.*

“ Our very deficient knowledge with regard to the so-called natural course of diseases is one chief cause why different medical schools, and individual pupils of the same schools, cannot agree as regards the choice of this or that method of treatment. The *methodus expectativa* is a miserable expedient for getting over the difficulty, however numerous may be its advocates.

“ To the impotence of medical art is due in a great degree the doctrine, that some diseases, especially fevers, *cannot and should not be interrupted in their natural course.*

“ The indisputable power of interrupting many such diseases to the benefit of the patient (as *intermittents* with quinine) proves decisively the error of this doctrine, and urges physicians to increase as far as possible the number of those diseases which may be so interrupted. To *permit recovery* is better than to *retard it* by medicine ; but *to cure* is far better than either.

“ *One of the strongest evidences that a cure has been effected is a shortening of the so-called natural course of a disease.* He who maintains — and some have maintained it — that the physician can never know whether he has cured or not, negatives the whole art of healing. Is not he guilty of a moral wrong who continues to play the physician while holding such views ? ” *

* Vol. i. No. 1, pp. 16, 17.

† Vol. i. No. 1, p. 17.

“Not without some reason has the charge been made against the illustrious among the early homœopathists, that the cures which they attribute to their marvellous high potencies were really the result of the natural undisturbed course of the disease. That others have been so foolish as to suppose this proves the superiority of the old clumsy allœopathic routine practice to homœopathy, and to forget that *letting get well* is better than *hindering the cure*, is nothing to our present purpose.

“There are many physicians who practised with the high potencies in their youth, but who have gradually abandoned most of them, and who come at last to the bed-side with doses, which, so far as their energy is concerned, differ little from those of many so-called allœopathists. These gentlemen, who have shown by descending the potence-ladder that they know how to profit by experience, have acquired much useful knowledge with regard to the course of diseases not interfered with by medicine. We shall be very glad if they will use our journal as the medium of communicating to the world the result of their experience in this department. The literature of the earlier periods of homœopathy offers unfortunately very little in regard to this matter which can be of use to the unprejudiced inquirer.”*

Reports of successful and unsuccessful cases of practice occupy the third place in the journal; and, however worthy of note may be many of the facts recorded, yet this section betrays theoretic confusion and self-contradiction. In the articles here contained, we find less to instruct us as physicians than to vindicate our views as homœopathists: we shall therefore consider it our duty and our right to strip off the homœopathic lion-skin, when we find empiricism disguising itself in it.

Another series of articles in the journal is to be devoted to

the *genius epidemicus morborum*. Whenever we find any thing well-founded, practical, new, in relation to this subject, — of the greatest importance to us, — we will acknowledge and report it. But, on the one hand, we have been sufficiently convinced, by the teachings of Hahnemann and of other homœopathists, of the variableness of the relations subsisting between the organism and the external world; on the other hand, as we always have more before the mind the *individuum* and the *specificum*, we are less frequently obliged to have recourse to that stream-anchor of diagnosis, an epidemic constitution.

In order still further to confound the confusion of crude material, unsystematically heaped together, we find a fifth division of the journal paraded with the following pompous title: “*Empirisch-critische Bearbeitung der therapeutischen Principienfrage.*” * (Vol. i. No. 1, p. 23.)

The first article treats of an epidemic disease of the liver occurring in Berlin, in the summer of 1846 (by Dr. Gobbin, of Berlin). The writer describes as follows the general symptoms: Dull headache, with mental depression; loss of appetite; burning in the throat and stomach; eruption of obstinate and painful vesicles in the mouth, passing to exulceration; bilious stools and tenderness of the epigastrium; remittent and intermittent fever; colic-pains in stomach and bowels, with vomiting and diarrhœa; brown tongue, bitter taste, dyspepsia, and nausea; painful cramps in various muscles; in women, uterine pains and hemorrhage; in young children, great acidity and weakness of stomach, and cholera-infantum; disorder of the spinal nervous system, &c. After having made some unsatisfactory statements, though with a pretension to science, in relation to the course of the epidemic and to its anatomico-pathological results, the writer passes suddenly to the method of treatment, with a spring that would immortalize an empiric rope-dancer.

* “*Empirico-critical Essay on the Elements of Therapeia.*”

"The treatment of the epidemic above described was very easy for the medical 'experimenter,' who was informed of past facts; since, in the sporadic diseases of the liver which had occurred in the latter part of winter, *nux vomica* had been found the timely organ-remedy. As this also proved beneficial in the spring, and in the spreading of the epidemic, there was no reason why it should be abandoned."*

Here we find ourselves in the company of an old friend. Besides *nux vomica* also, we meet with *ferrum*, to counteract the symptom of general debility, *castoreum* and *morphium* for the attendant uterine affections, and *quina* for the intermittent symptoms.

The two articles which follow, upon epidemic hepatic diseases curable with *chelidonium* and *nux vomica* (and in which, through a hundred pages, the authors make great exertion to offer some original ideas in relation to therapeutic experimentation), make upon the homœopathic reader the involuntary impression that the remedies were chosen arbitrarily. Still success followed their use as soon as the empirist blindly stumbled upon the homœopathic specific.

More pleasing and more instructive is the fourth article of the second Number, entitled, "*Materialien zur Arzneiwirkungslehre*,"† by Dr. Löffler, and which we give, with some abbreviation, to our readers.

"In calling attention to some experiments in regard to ethereal respiration (in the "*Medicin. Zeitung*," 1847, No. 32), my object was to awaken the slumbering interest of the physicians, and the medical union of Berlin, in the investigation of the action of medicines generally. It will, perhaps, further this object if I delay no longer to report the first results, as I have obtained them, during the past summer, in

* Vol. i. No. 1, p. 36.

† "*Materials for Materia Medica.*"

connection with some laborious students of the Frederic-William's Institute. Such experiments are most troublesome and difficult, and hence perhaps the chief reason why they are so seldom made. I acknowledge that there is much to be desired, much that is deficient, in the results thus far obtained by us: this may be owing in part to a want of sufficient practice in certain kinds of investigation. But, since so little has been done to ascertain the action of medicinal substances in accordance with our views, even that which is imperfect will not be regarded as worthless; especially when its purpose is to prepare the way for and to introduce the perfect."

"Nothing shows more conclusively the want of all real or lively interest on the part of physicians, in the experimental study of the operation of medicines, than the lukewarmness and indifference with which they are accustomed to receive reports of such experiments, when — as is necessary — the minute details of the proceedings are given. With unwearied patience do they spend their time in the perusal of the most prolix and particular investigations relating to physio-pathological questions; but reports of experiments like those of which we are speaking — as, for example, those found in the journal of Watzke — are considered tedious; the time occupied in carefully studying them is thought unprofitably spent. The former are read, because in this way it is now the fashion to keep up the reputation of being 'scientific.' The latter are neglected, principally because physicians do not know exactly what they are to do with this kind of material. It is, therefore, important to excite the interest of the great medical public in such investigations. I have already, in the first article of this number, shown one of the means by which this is to be effected; viz. by being actuated more by practical motives in the selection of the medicinal substance which is made the subject of experiment.

"The experiments which we are about to report were

made with the three so-called *universalia* of Rademacher, — *iron, saltpetre, and copper*. Our object has been to ascertain the changes which each of them causes in the *blood of healthy men*, when introduced into the organism in a manner similar to its ordinary clinical use. Furthermore, the subjective and objective *accidentia* are also considered, as they occur during the time occupied by the experiment.

“I will, in the first place, premise a few remarks with regard to the method pursued by us.

“The persons experimented upon lived in nearly the same external circumstances. Change in the ordinary mode of life was avoided during the time, as far as possible.

“In the case of each individual, the first thing done was to take about 4 oz. of blood from the arm. A minute protocol was then kept from day to day. The pulse was observed early in the morning, and in a sitting posture. To measure the daily discharge of urine, a tin urinal was employed, which could be closed tightly, and carried in the pocket. Its properties, *i.e.* specific gravity, color, and chemical re-action, were noted in the morning discharge. A small measure-glass was used in order to ascertain the quantity of water drunk.

“Twenty-four hours after the wound in the vein was healed — three or four days after the bleeding — we began with the medicines, in the manner hereafter described. In general, we commenced with small doses, and gradually increased them.

“After the administration of a fixed quantity of the remedy, or after the appearance of decided morbid symptoms, 4 oz. of blood were again drawn, and the observations were continued as before, until the health was perfectly restored.

“In making our investigations upon the blood, we pursued a plan, whose simplicity would be far from satisfying the demands of many an experienced and skilful analyzer of this fluid; a plan intended, not to exhaust all that could be dis-

covered with regard to its composition, but only to seize upon every thing of importance, or having any real relation to existing pathological or therapeutic theories." *

Here follow three pages of remarks concerning the mode and means of analyzing the blood, most of which we omit. The following statement is necessary, however, in order to understand the terms used. The author divided the blood taken into two portions of about 1oz. and 3oz. The smaller was allowed to coagulate; the serum and coagulum each weighed by itself, evaporated to dryness in a water-bath, and the "dry residuum" weighed; this was "burned," and the remaining "ashes" weighed. The "red sediment" was what remained in the vessel after removing the serum and crassamentum. The fibrine of the larger portion of the blood was separated by agitation, and washed, dried, and weighed; the water used in washing, and the blood deprived of its fibrine, were evaporated to dryness, and weighed. The "dry residuum" and the dry fibrine were pulverized together, the fat separated by absolute alcohol and ether, and the remainder burned.

We turn over to the experiments with *iron* (p. 162).

"Because the soluble acetates of the metals are most readily absorbed by the stomach, the *Liquor ferri acetat.* of the new Prussian Pharmacopeia was selected for the experiments, out of the many preparations of this metal; it was preferred as being a simple solution of Ferr. oxyd. in acid. acetic. and having always the same strength. It was prepared by precipitating the F. oxyd. with *Liq. ammon. caust.* from diluted *Liq. F. sesquichl.* and dissolving the precipitate in *Acet. concentrat.* The *Liq. F. acet.* is reddish brown, has a sp. gr. of 1,140—1,145, and contains in p. 100, 8 p. F. or 11,43 F. oxyd. It was taken merely dropped into water.

* No. 2, pp. 157—159.

Dropped from a common loz. measure-glass, an ounce gave about 720 — a dr. consequently 90 — drops.

“1. *Theod. Petraschky* (the most susceptible of the experimenters), 21 years old, small but strongly built, high color in face, never been seriously sick since sixth year. Took in fifteen days, July 12th to 26th, $6\frac{1}{2}$ drs. *Liq. F. acet.* beginning with gtts. iv. four times daily, and increasing to xxiv. Analysis of the blood drawn, July 9th and 26th, gave the following results. In p. 1000 of blood were found —

				Before taking the iron.				After.			
Serum	.	.	.	.	465.2	.	.	.	.	427.8
Dry resid.	.	.	.	.	57.9	.	.	.	.	37.9
Ashes	.	.	.	.	8.2	.	.	.	.	8.6
Coagulum	.	.	.	.	498.0	.	.	.	.	552.5
Dry resid.	.	.	.	.	167.7	.	.	.	.	184.1
Ashes	.	.	.	.	24.9	.	.	.	.	34.5
Red sediment	.	.	.	.	36.8	.	.	.	.	19.7
Fibrine	.	.	.	.	2.13	.	.	.	.	2.17
Water	.	.	.	.	758.4	.	.	.	.	789.6
Dry resid.	.	.	.	.	239.5	.	.	.	.	208.3
Fat	.	.	.	.	4.02	.	.	.	.	1.76
In 100 ashes	{	In aqua 1, salts	.	.	8.1	.	.	.	.	9.5
		Ferr. oxyd.	.	.	0.8	.	.	.	.	0.9
		Phosp. calcis	.	.	0.4	.	.	.	.	0.6

“Before taking the iron, the blood was bright red, with few and small colorless blood-corpuscula; coagulated in 5' 54"; serum, bright yellow, clear, alkaline; clot, firm and elastic.

“Afterwards, blood dark-red, corpuscles deepened in color and sharply defined; many and large colorless corpuscula; scarcely any elementary corpuscles perceivable; coagulated in 8' 54"; serum, clear, alkaline, dark yellow; coagulum, dense and elastic.

“On the first day of using the medicine, July 12, 13, four doses, gtts. iv. each, Petraschky perceived, immediately after

taking it, '*a feeling of warmth and fulness in the gastric region.*' After the fifth dose on the 13th, 10 A.M. consequently after having taken 20 drops, there was '*a sense of weight in the head, confusion of the anterior region, and pressure in both temples.*' These symptoms increased after the dose at two, P.M.; and there was added '*a feeling of puffy fulness in the head.*' By lying still, the unpleasant pressure in the temples was lessened; cool air, and the application of cold to the forehead, on the other hand, caused no change. Symptoms as high as ever on going to bed.

"14th July. — Notwithstanding this, Petraschky slept well through the night; on awaking, found the head easier, *i. e.* the sinciput more free, while the pressure in the temples remained. At six, A.M. took gtts. iv. The sense of fulness in the head soon again increased. '*Things around me, says the protocol, seem all larger and higher; I have a desire to give great importance to trifles; I have an unusual earnestness of mind without any cause for it.*' The medicine was not taken again. Diminution of the affection of the head after half an hour's sleep in the afternoon, except the feeling of puffy fulness. Evening, after a walk in the open air, with the exception of some pressure in the head, feels '*quite well and strong.*'

"15th. — The night's sleep has dissipated the head-symptoms, except a very slight '*numbness;*' the feelings were also no further disturbed, though gtts. iv. were again taken four times.

"16th. — (gtts. vj. four times, at six, ten, two, and six.) Until seven, A.M. perfectly well. After that, the head became *fuller and heavier*; every beat of the pulse is felt in the temples. To this is added an '*itching in the urethra, especially in the fossa navicularis,*' and in the afternoon *frequent micturition.* '*Otherwise I feel perfectly well; indeed stronger than usual.*' Uncommon appetite.

"17th. — (gtts. vj. four times.) Sleep at night disturbed by very vivid and painful dreams; head this morning a little

relieved ; but the *general feeling of strength heightened*. This *increased in the course of the day* (the appetite being also greatly increased) to a '*tendency to destructiveness*,' though the weight in the head is again aggravated at the same time, — though the desire to void the urine and the itching of the urethra (which has extended up to the neck of the bladder) still continue, and though at noon there is some '*constriction of the breast*.' While taking a river-bath towards evening, the pressure in the head subsided, but soon afterwards returned with more violence.

"18th. — (gtts. viij. 4 t.) Sleep at night very good ; pressure in head continues, but is not increased during the day. Urinary symptoms continue, while the itching of the urethra has nearly ceased. The affection of the chest is *increased*. Whole thorax constricted ; '*desire to breathe deeply* ;' '*slight stitches pass through the lungs* ;' tension in cardiac region. Percussion and auscultation show nothing abnormal ; pulse 61, tense.

"19th. — (gtts. x. 4 t.) Feelings same as yesterday ; except that, after taking the medicine, there is again a sense of warmth in the stomach.

"20th. — (gtts. xij. twice.) The feeling of energy perceptible up to yesterday is gone this morning on awaking ; an ever-increasing '*feeling of relaxation in the limbs*.' Pulsations again felt in the head, accompanied with slight stitches. *Appetite continues great ; but always after eating, even in small quantity, there are stomach-cramps*, to which Petraschky had never been subject, even after the heartiest meals.

"21st. — (gtts. xiv. 4 t.) Slept well ; on arising, head tolerably free ; feels well, except a *sense of weakness, which increased during the day*. Frequent desire to pass the urine *still continues*. After taking the medicine, is a feeling of warmth and fulness in the stomach ; stomach-cramps always after eating.

"22d. — (gtts. xvj. 4 t.) Head and chest almost entirely

free. Urinary symptoms continue the same. *Clean tongue and little appetite ; stomach-cramps* after eating, and taking the medicine, with continued feeling of warmth in gastric region, but no pain caused by hard pressure. *The fresh color and the fulness of the face evidently diminished.* (Pulse 55, not large, but full and tense.)

“23d. — (gtts. xvij. 4 t.) Besides the *heaviness in the limbs*, the *stomach-affection* continues, increasing to a *painful drawing in the region of the stomach*, especially after dinner. (Cut beans, with a little vinegar.) No stool.

“24th. — (gtts. xx. 4 t.) Appetite greatly reduced ; tongue thickly coated, yellowish grey ; head benumbed, confused ; weakness and weight in limbs ; no stool.

“25th. — (gtts. xxij. 4 t.) — Same symptoms aggravated.

“26th. — (gtts. xxiv. twice.) Pulse 54, small, tense. On awaking in the morning, *painful sensation in the glottis, causing cough and hawking, and increased by pressure upon the part ; towards noon it disappeared, giving place to a similar feeling behind the upper third of the sternum.* In hawking and coughing there is ejected a frothy, tenacious mucus, tinged with black blood ; often repeated until four, p.m. Except some mucous rhonchus behind the *manubrium sterni* and a quick impulse of the heart, auscultation shows nothing unusual. The head continues confused. The loss of the feeling of strength is evidenced by the carriage of the body, and in the countenance.

“ (Venesection at six, P.M.)

“27th. — Pulse 60, somewhat larger, but still tense. Air-passages free, except a little tickling in the trachea, especially in inspiration, and which often excites coughing. Head still confused ; feels ‘mentally and bodily much depressed.’ Tongue coated ; taste insipid, and little appetite ; thirst not increased. A firm stool. Towards evening, occasional drawing pains through the whole abdomen.

“28th. — Air-passages quite free ; other symptoms as yes-

terday ; cutting pains in bowels stronger, and last the whole day. Soft stool.

"29th. — Pulse 67, still tense. In the morning, after rising, *copious bleeding at the nose*, by which the head was greatly relieved. *Copious mucous sediment in the urine*. General weakness ; cutting pains in bowels, moderate but constant. Hard stool.

"30th. — Pulse 68, less tense. Bowel-pains almost gone ; head nearly free ; weakness and weight of limbs still continue. Large and soft stool.

"31st. — Diminution of sense of weakness. Appetite increased ; tongue not yet clean.

"1st Aug. — Pulse 70, tolerably large and soft. Feels perfectly well, and so continued.

"2d. — Pulse normal, 75, as before the experiment began.

"As the protocol shows so beautifully the development and course of the iron-affection, I shall be excused for giving a somewhat more minute sketch of it. There are evident here two stages of the affection : the first indicated by the increase of the appetite and of mental and physical energy ; the second, by a disturbance of the former, and a remarkable decrease of the latter. The second stage began on the eighth day of the use of the iron, though the maximum dose had been only ten drops. Three days after stopping it, the nose-bleeding appeared, and the sediment in the urine. The action of the medicine was manifested throughout by head-symptoms of a congestive character ; of a similar nature was the affection of the respiratory organs, which at last so far increased in the mucous membrane of the trachea as to cause bleeding. The action upon the *urinary apparatus* is also worthy of remark, especially upon the excretory portion. It appears from the protocol that urination occurred two to four times a day oftener than was usual in the healthy state. It did not appear that there was any increased or altered action of the kidneys. The ratio of the urine to the water drank remained nearly the same ; the latter exceeded the

former throughout; the heat of the weather may account for this.* The *color* of the urine changed in the last six days from yellowish to reddish. The sp. gr. rose with some fluctuations from 1,005 to 1,025. The re-action was acid throughout, but towards the close very slightly so.

“The stools were affected in several ways. Though, before commencing the use of the iron, there had generally been two soft pappy discharges in twenty-four hours, yet afterwards they several times entirely failed; once even for three days. The fæces were always consistent, and the harder the longer they were retained; on the third day they were greenish, subsequently becoming dark green, and finally black. Three days after stopping the iron, the brown color and the natural soft consistence returned. The effect upon *the pulse* is particularly interesting. Before the experiment, there were 75 pulsations in a minute. During its continuance there was an almost regular fall of two beats a day, so that on the last (26th July) there were only 54. This is the more interesting, as immediately after stopping the medicine there was a gradual increase, more rapid indeed than the decrease, which may have been owing not a little to the venesection. On the eighth day, the normal number, 75, was again restored. With the diminished frequency of the pulse there was also a decrease of its size, and a remarkable increase of the tone of the arteries. The quickness of the heart’s action was shown by the pulse. These facts deserve the more attention, as the ordinary effect of summer weather upon healthy men is just the reverse.”

* At the close of the reports, the author says he intends to make some general statements in relation to the meteorological condition of the atmosphere during the experiments. — ED.

FIRST ESSAY BY HAHNEMANN ON THE HOMŒOPATHIC PRINCIPLE.

(Continued from page 218, vol. ii.)

I AM far from denying, however, the many important hints the natural system may afford to the philosophical student of the *materia medica*, and to him who feels the obligation of discovering new medicinal agents ; but these hints can only help to confirm and serve as a commentary to facts already known ; or, in the case of untried plants, they may give rise to hypothetical conjectures, which are, however, far from approaching even to probability.

But how can a perfect similarity of action be expected amongst groups of plants, which are only arranged in the so-called natural system, on account of often slight external similarity, when even plants that are much more nearly connected, plants of one and the same genus, are sometimes so different in their medicinal effects ? Examples of this are seen in the species of the genera, *impatiens*, *serapias*, *cytissus*, *ranunculus*, *calamus*, *hibiscus*, *prunus*, *sedum*, *cassia*, *polygonum*, *convallaria*, *linum*, *rhus*, *seseli*, *coriandrum*, *æthusa*, *sium*, *angelica*, *chenopodium*, *asclepias*, *solanum*, *lotium*, *allium*, *rhamnus*, *amygdalus*, *rubus*, *delphinium*, *sisymbrium*, *polygala*, *teucrium*, *vaccinium*, *cucumis*, *apium*, *pimpinella*, *anethum*, *seandia*, *valeriana*, *anthemis*, *artemisia*, *centaurea*, *juni-perus*, *brassica*. What a difference betwixt the tasteless tinder amadou (*boletus igniarius*), and the bitter, drastic *boletus laricis*, betwixt the mushroom (*agaricus deliciosus*) and the agaric (*agaricus muscarius*), betwixt the woody stone moss (*lichen saxatilis*) and the powerful Iceland moss (*lichen Islandicus*) !

Though I readily admit that, in general, similarity of action will be much oftener met with betwixt species of one genus than betwixt whole groups of families in the natural system, and that an inference drawn from the former will have a

much greater degree of probability attaching to it, than one from the latter; yet my conviction compels me to give this warning, that, be the number of genera ever so many, whose species resemble each other very much in their effects, the lesser number of very differently acting species should make us distrustful of this mode of drawing inferences, since we have not here to do with mechanical experiments, but with that important and difficult concern of mankind, — health.*

As regards this method, therefore, we come also to the conclusion, that it cannot be considered as a sure principle to guide us to the knowledge of the medicinal powers of plants.

Nothing remains for us but *experiment* on the human body. But what kind of experiment? *Accidental* or *methodical*?

The humiliating confession must be made, that most of the virtues of medicinal bodies were discovered by *accidental*, *empirical* experience, by *chance*; often first observed by non-medical persons. Bold, often over-bold, physicians then gradually made trial of them.

I have no intention of denying the high value of this mode of discovering medicinal powers: it speaks for itself. But in it there is nothing for us to do; chance excludes all method, all voluntary action. Sad is the thought, that the noblest, the most indispensable of arts is built upon accident, which always presupposes the endangering of many human lives. Will the chance of such discoveries suffice to perfect the healing art, to supply its numerous desiderata? From year to year we become acquainted with new diseases, with new phases and new complications of diseases, with

* Conclusions relative to similarity of action betwixt species of a genus become still more hazardous, when we consider that one and the same species, one and the same plant, frequently shows very various medicinal powers in its different parts. How different the poppy head from the poppy seed; the manna that distils from the leaves of the larch, from the turpentine of the same tree; the cooling camphor in the root of the cinnamon laurel, from the burning cinnamon oil; the astringent juice in the fruit of several of the mimosæ, from the tasteless gum that exudes from their stem; the corrosive stalk of the ranunculus, from its mild root!

new morbid conditions : if, then, we possess no better method of discovering the remedial agents around us than chance allows, nought remains for us to do but to treat these diseases with general (I might often wish with *no*) remedies, or with such as have seemed to be of service, in what we imagine, or what appear to us to be, similar diseased states. But how often shall we fail in accomplishing our object ! for, if there be any difference, the disease cannot be the same. Sadly we look forward into future ages, when a peculiar remedy for this particular form of disease, for this particular circumstance, may *perhaps* be discovered by chance, as was bark for pure intermittent fever, or mercury for syphilitic disorders.

Such a precarious construction of the most important science — resembling the concourse of Epicurean atoms to make a world — could never be the will of the wise and most bountiful Preserver of mankind. How humiliating for proud humanity, did his very preservation depend on chance alone ! No : it is exhilarating to believe, that for each particular disease, for each peculiar morbid variety, there are peculiar directly acting remedies, and that there is also a way in which these may be *methodically* discovered.

When I talk of the *methodical discovery of the medicinal powers still required*, I do not refer to those empirical trials usually made in hospitals, where in a difficult, often not accurately noted case, in which those already known do no good, recourse is had to some drug, either hitherto untried altogether, or untried in this particular affection ; which drug is fixed upon either from caprice and blind fancy, or from some obscure notion, for which the experimenter can give no plausible reason, either to himself or to others. Such empirical chance-trials are, to call them by the mildest appellation, but foolish risks, if not something worse.

I speak not here either, of the somewhat more rational trials, made occasionally in private and hospital practice, with remedies casually recommended in this or that disease, but

not further tested. These, also, are performed, unless under the guidance of some scientific principle, to a certain degree at the peril of the health and life of the patient ; but the caution and practical skill of the physician will often avail to smooth much that is uneven in his half-empirical undertakings.

As we already possess a large number of medicines, which are evidently powerful, but concerning which we do not rightly know what diseases they are capable of curing, and, moreover, others which have sometimes proved serviceable, sometimes not, in given diseases, and concerning which we have no accurate knowledge of the exact circumstances under which they are applicable, it may not at first sight appear very necessary to increase the number of our medicinal agents. Very probably, all (or nearly all) the aid we seek lies in those we already possess.

Before I explain myself further, I must, in order to prevent misapprehension, distinctly declare, that I do not expect, and do not believe, there can be a thoroughly specific remedy for any disease, of such and such a name, burdened with all the ramifications, concomitant affections and variations, which, in pathological works, are so often inconsiderately detailed as essential to its character, as invariably pertaining to it. It is only the very great simplicity and constancy of ague and syphilis that permitted remedies to be found for them, which appeared to many physicians to have specific qualities ; for the variations in these diseases occur much more seldom, and are usually much less important, than in others ; consequently bark and mercury must be much more often serviceable than not so. But neither is bark specific in ague, in the most extended sense of the term,* nor mercury in syphilis, in its more extended sense : they are, however, pro-

* Pity it is, that it was not observed *why*, for example, of the seven-fifteenths of all the so-called agues in which bark was useless, three-fifteenths required nux vomica or bitter almonds, two other fifteenths opium, another fifteenth blood-letting, and still another fifteenth small doses of ipecacuan, for their cure ! It was thought sufficient to say, "Bark was of no

bably specific in both diseases, when they occur simple, pure, and free from all complication. Our great and intelligent observers of disease have seen the truth of this too well to require that I should dwell further on this subject.

Now, when I entirely deny that there are any absolute specifics for individual diseases, in their full extent, as they are described in ordinary works on pathology,* I am, on the other hand, convinced that there are as many specifics as there are different states of individual diseases, *i. e.* that there are peculiar specifics for the pure disease, and others for its varieties, and for other abnormal states of the system.

If I mistake not, practical medicine has devised three ways of applying remedies for the relief of the disorders of the human body.

The first way to remove or destroy the ultimate cause of the

use, but ignatia cured ;” the *why* was never satisfactorily answered. Were it a case of pure ague, bark must be of service ; where there were complications, with excessive irritability, especially of the primæ viæ, however, it was no longer a pure case of ague, and it could not do good ; here were now *reasons* for choosing as a remedy, or as an auxiliary means, ignatia, nuxvomica, or bitter almonds, according to the different conditions of the system ; and it ought not, and should not have been wondered at, that bark was not useful.

* The history of diseases is not yet advanced so far, that we have been at pains to separate the essential from the accidental, the peculiar from the adventitious, the foreign admixture, owing to idiosyncrasy, mode of life, passions, epidemic constitutions, and many other circumstances. When reading the description of one disease, we might often imagine it was a compound admixture of many histories of cases, with suppression of the name, place, time, &c. and not true, abstractedly pure, isolated characteristics of a disease separated from the accidental (which might be afterwards appended to it, as it were). The more recent nosologists have attempted to do this ; their genera should be what I call the peculiar characteristics of each disease, their species the accidental circumstances.

Before all things, we have to attend to the chief disease ; its divergencies and concomitant circumstances only demand particular aid when they are serious, or offer obstacles to recovery ; they demand our chief attention, and the primary disease may be less regarded, when the latter, by passing into the chronic state, has become of less importance, and is less urgent, whilst the former has gradually become the chief disease.

disease was the most elevated it could follow. All the imaginings and aspirations of the best physicians in all ages were directed to this object, the most suited to the dignity of our art. But, to use a spagyrian expression, they did not advance beyond particulars; the great philosopher's stone, the knowledge of the ultimate cause of all diseases, they never attained to. And as regards most diseases, it will remain for ever concealed from human weakness. In the mean time, what could be ascertained respecting this point, from the experience of all ages, was united in a general system of therapeutics. Thus, in cases of chronic spasms of the stomach, the general weakness of the system was first removed, the convulsions arising from tape-worm were conquered by killing that animal, the fever arising from noxious matters in the stomach was dissipated by powerful emetics, in diseases caused by a chill the suppressed perspiration was restored, and the ball was extracted that gave rise to traumatic fever. This object is above all criticism, though the means employed were not always the fittest for attaining it. I shall now take leave of this royal road, and examine the other two ways for applying medicines.

In the *second way*, the symptoms present were sought to be removed by medicines, *which produced an opposite condition*; for example, constipation by purgatives; inflamed blood by venesection, cold and nitre; acidity in the stomach by alkalis; pains by opium. In acute diseases, which, if we remove the obstacles to recovery for but a few days, nature will herself generally conquer, or, if we cannot do so, succumb; in acute diseases, I repeat, this application of remedies is proper, to the purpose, and sufficient, as long as we do not possess the above-mentioned philosopher's stone (the knowledge of the ultimate cause of each disease, and its means of removal), or as long as we have no rapidly-acting specific, which would extinguish the variolous infection, for instance, at its very commencement. In this case, I would call such remedies *temporary*.

But if the ultimate cause of the disease, and its direct means of removal, are known, and we, disregarding these, combat the symptoms only by remedies of this second kind, or employ them deliberately in chronic diseases, then this method of treatment (to oppose diseases by remedies that produce an opposite state) gets the name of *palliative*, and is to be reprobated. In chronic diseases it only gives relief at first; subsequently, stronger doses of such remedies become necessary, which cannot remove the primary disease, and thus they do more harm the longer they are employed, for reasons to be specified hereafter.

I know very well that habitual constipation is still attempted to be cured by aloetic purgatives and laxative salts; but with what melancholy results! I know well that efforts are still made to subdue the chronic determinations of blood of hysterical, cachetic, and hypochondriacal individuals, by repeated although small venesections, nitre, and the like; but with what untoward consequences! Persons living a sedentary life, with chronic stomachic ailments, accompanied with sour eructations, are still advised to take repeatedly Glauber's salts; but with what disastrous effects! Chronic pains of all kinds are still sought to be destroyed by the continued use of opium; but, again, with what sad results! And, although the great majority of my medical brethren still adhere to this method, I do not fear to call it palliative, injurious, and destructive.

I beseech my colleagues to abandon this method (*contraria contrariis*) in chronic diseases, and in such acute diseases as take on a chronic character: it is the deceitful by-path in the dark forest that leads to the fatal swamp. The vain empiric imagines it to be the beaten highway, and prides himself in the wretched power of giving a few hours' ease, unconcerned if, during this specious calm, the disease plant its roots still deeper.

But I am not singular in warning against this fatal practice. The better, more discerning, and conscientious physi-

cians have from time to time sought for remedies (the *third way*) for chronic diseases, and acute diseases tending to chronic, which should not cloak the symptoms, but which should remove the disease radically, in one word, for *specific* remedies; the most desirable, most praiseworthy undertaking that can be imagined. Thus, for instance, they tried arnica in dysentery, and in some instances found it a useful specific.

But what guided them? what principle induced them to try such remedies? Alas! only a precedent from the empirical game of hazard, from domestic practice, chance-cases, in which these substances were accidentally found useful in this or that disease, often only in peculiar unobserved combinations, which might perhaps never again occur; sometimes in pure, simple diseases.

It were deplorable, indeed, if only chance and empirical *apropos* could be considered as our guides in the discovery and application of the proper, the true remedies for chronic diseases, which certainly constitute the major portion of human ills.

In order to ascertain the actions of remedial agents, for the purpose of applying them to the relief of human suffering, we should trust as little as possible to chance, but go to work as rationally and as methodically as possible. We have seen, that for this object the aid of chemistry is still imperfect, and must only be resorted to with caution; that the similarity of genera of plants in the natural system, as also the similarity of species of one genus, give but obscure hints; that the sensible properties of drugs teach us mere generalities, and these invalidated by many exceptions; that the changes that take place in the blood from the admixture of medicines teach nothing; and that the injection of the latter into the blood-vessels of animals, as also the effects on animals to which medicines have been administered, is much too rude a mode of proceeding to enable us therefrom to judge of the finer actions of remedies.

Nothing, then, remains but to test the medicines we wish to

investigate on the human body itself. The necessity of this has been perceived in all ages ; but a false way was generally followed, inasmuch as they were, as above stated, only employed empirically and capriciously in diseases. The re-action of the diseased organism, however, to an untested or imperfectly tested remedy, gives such intricate results, that their appreciation is impossible for the most acute physician. Either nothing happens, or there occur aggravations, changes, amelioration, recovery, death — without the possibility of the greatest practical genius being able to divine what part the diseased organism, and what the remedy, in a dose, perchance, too great, moderate, or too small, played in effecting the result. They teach nothing, and only lead to false conclusions. The everyday physicians held their tongues about any harm that ensued ; they indicated with one word only the name of the disease, which they often confounded with another, in which this or that remedy appeared to do good ; and thus were composed the useless and dangerous works of Schröder, Rutty, Zorn, Chomel, Pomet, &c. in whose thick books are to be found a monstrous number of mostly powerless medicines, each of which is said to have cured radically this and at least ten or twenty other diseases.*

The true physician, whose sole aim is to perfect his art, can avail himself of no other information respecting medicines, than —

First, *What is the pure action of each by itself on the human body ?*

Second, *What do observations of its action in this or that simple or complex disease teach us ?*

* To me, the strangest circumstance connected with these speculations upon the virtues of single drugs is, that, in the days of these men, the habit that still obtains in medicine, of joining together several different medicines in one prescription, was carried to such an extent, that I defy Œdipus himself to tell what was the exact action of a single ingredient of the hotch-potch ; the prescription of a single remedy at a time was in those days *almost* rarer than it is now-a-days. How was it possible, in such a complicated practice, to distinguish the powers of individual medicines ?

The last object is partly obtained in the practical writings of the best observers of all ages, but more especially of later times. Throughout these, the as yet only source of the real knowledge of the powers of drugs in diseases is scattered ; there we find it faithfully related, how the simplest drugs were employed in accurately described cases, how far they proved serviceable, and how far they were hurtful or less beneficial. Would to God such relations were more numerous !

But even among them contradictions so often occur, one condemning in a certain case what another found of use in a similar case, that one cannot but remark that we still require some natural normal standard, whereby we may be enabled to judge of the value and degree of truth of their observations.

This standard, methinks, can only be derived from the effects that a given medicinal substance has by itself in this and that dose developed in the healthy human body.

To this belong the histories of designedly or accidentally swallowed medicines and poisons, and such as have been purposely taken by persons, in order to test them ; or which have been given to healthy individuals, to criminals, &c. ; probably also those cases in which an improper powerfully acting substance has been employed as a household remedy or medicine, in slight or easily determined diseases.

A complete collection of such observations, with remarks on the trustworthiness of their reporters, would, if I mistake not, be the foundation-stone of a *materia medica*, the holy book of its revelation.

In them alone can the true nature, the real action of medicinal substances be *methodically* discovered ; from them alone can we learn in what cases of disease they may be employed with success and certainty.

But as the key for this is still wanting, perhaps I am so fortunate as to be able to point out the principle, under the guidance of which the lacunæ in medicine may be filled up, and the science perfected by the gradual discovery and application, *on rational principles*, of a suitable specific remedy

for each, more especially for each chronic disease,* from the hitherto known (and from still unknown) medicines. It is contained, I may say, in the following axioms:—

Every powerful medicinal substance produces in the human body a kind of peculiar disease; the more powerful the medicine, the more peculiar, marked, and violent the disease.†

We should imitate nature, which sometimes cures a chronic disease by superadding another, and employ in the (especially chronic) disease we wish to cure, that medicine which is able to produce another very similar artificial disease, and the former will be cured; similia similibus.

We only require to know, on the one hand, the diseases of the human frame accurately in their essential characteristics, and their accidental complications; and, on the other hand, the pure effects of drugs, that is, the essential characteristics of the specific artificial disease they usually excite, together with the accidental symptoms caused by difference of dose, form, &c.; and by choosing a remedy for a given natural disease that is capable of producing a very similar artificial disease, we shall be able to cure the most obstinate diseases.‡

* In this Essay, my chief object is to discover a permanently acting specific remedy for (especially) chronic diseases. Those remedies which remove the ultimate cause, and the temporary acting remedies for acute diseases which in some cases receive the name of palliative medicines, I shall not touch on at present.

† The common people call those medicines *poisons* which produce the most powerful specific diseases, and which therefore are actually the most serviceable.

‡ The cautious physician, who will go gradually to work, gives this ordinary remedy only in such a dose as will scarcely perceptibly develop the expected artificial disease (for it acts by virtue of its power to produce such an artificial disease), and gradually increases the dose, so that he may be sure that the proposed internal changes in the organism are produced with sufficient force, although with phenomena vastly inferior in intensity to the symptoms of the natural disease; thus a mild and certain cure will be effected. But if it is sought to go rapidly to work, with the otherwise fit and properly chosen remedy, the object may be certainly attained in this way too, though with some danger to life, as is often done in a rude manner by quacks among the peasants, and which they call miraculous, or horse cures, a disease of

This axiom has, I confess, so much the appearance of an unfruitful, analytical, general formula, that I must hasten to illustrate it synthetically. But first let me call to mind a few points.

I. Most medicines have more than one action; at first a *direct* action, which gradually changes into the second (which I call the indirect secondary action). The latter is generally a state exactly opposed to the former.* In this way most vegetable substances act.

II. But few medicines are exceptions to this rule, continuing their primary action uninterruptedly, of the same kind, though always diminishing in degree, until after some time nought more of their action can be detected, and the natural condition of the organism is restored. Of this kind are the metallic (and other mineral?) medicines, *e. g.* arsenic, mercury, lead.

III. If in a case of chronic disease a medicine be given, whose direct primary action corresponds to the disease, the indirect secondary action is sometimes exactly the state of body sought to be brought about; but sometimes (especially when a wrong dose has been given) there occurs in the secondary action a derangement for some hours, seldom days. A somewhat too large dose of henbane readily causes, in its secondary action, great fearfulness; a derangement that sometimes lasts several hours. If it is troublesome, and we wish to diminish its duration, a small dose of opium affords specifically almost immediate relief; the fear goes away. Opium, indeed, in this case, acts only antagonisti-

many years' standing being cured in a few days; a proceeding that testifies to the truth of my principle, while at the same time it shows the hazardous nature of this mode of effecting it.

* Opium may serve as an example. A fearless elevation of spirits, a sensation of strength and high courage, an imaginative gaiety, is part of the direct primary action of a moderate dose on the system: but, after the lapse of eight or twelve hours, an opposite state sets in, the indirect secondary action; then ensue relaxation, dejection, diffidence, peevishness, loss of memory, discomfort, fear.

cally, and as a palliative ; but only a palliative and temporary remedy is required, in order to suppress effectually a transitory affection, as is also the case in acute diseases.

IV. Palliative remedies do so much harm in chronic diseases, and render them more obstinate, probably because after their first antagonistic action they are followed by a secondary action, which is similar to the disease itself.

V. The more numerous the morbid symptoms the medicine produces in its direct action, corresponding to the symptoms of the disease to be cured, the nearer the artificial disease resembles that sought to be removed, so much more certain is the result of its administration to be favorable.

VI. As it may be almost considered an axiom, that the symptoms of the secondary action are the exact opposite of those of the direct action, it is allowable for a master of the art, when the knowledge of the symptoms of the direct action is imperfect, to supply in imagination the lacunæ by induction, *i. e.* the opposite of the symptoms of the secondary action. The result, however, must only be considered as an addition to, not as the basis of, his conclusions.

After these preliminary observations, I now proceed to illustrate by examples my maxim, *that, in order to discover the true remedial powers of a medicine for chronic diseases, we must look to the specific artificial disease it can develop in the human body, and employ it in a very similar morbid condition of the organism which is sought to be removed.*

Also the analogous maxim, *that, in order to cure radically certain chronic diseases, we must search for medicines that can excite a similar disease (the more similar the better) in the human body* — will thereby become evident.

In my notes on Cullen's "Materia Medica," I have already observed that *bark*, given in large doses to sensitive yet healthy individuals, produces a true attack of fever, very similar to the intermittent fever ; and for this reason, *most probably*, it overtops, and thus cures the latter. Now after mature experience, I add, not only *probably*, but *most certainly*.

I saw a healthy, sensitive person, of firm fibre, and half way through with her pregnancy, take five drops of the volatile oil of *chamomile* (*matricaria chamomilla*) for cramp in the calf of the leg. The dose was much too strong for her. First there was insensibility, the cramp increased, then occurred transient convulsions in the limbs, in the eyelids, &c. A kind of hysterical movement above the navel, not unlike labor-pains, but more troublesome, lasted for several days. This explains how chamomile has been found so serviceable in after-pains, in excessive mobility of the fibre, and in hysteria, when employed in doses in which it could not perceptibly develop the same phenomena, that is, in much smaller doses than the above.

A man who had been long troubled with constipation, but was otherwise healthy, had from time to time attacks of giddiness that lasted for weeks and months. Purgatives did no good. I gave him *arnica root* (*arnica montana*) for a week; for I knew that it causes vertigo, in increasing doses, with the desired result. As it has laxative properties, it kept the bowels open during its employment, by antagonistic action, as a palliative; wherefore the constipation returned after leaving off the medicine; the giddiness, however, was effectually cured. This root excites, as I and others have ascertained, besides other symptoms, nausea, uneasiness, anxiety, peevishness, headache, oppression of the stomach, empty eructation, cuttings in the abdomen, and frequent scanty evacuations, with straining. These effects, not Stollen's description, induced me to employ it in an epidemic of simple (bilious) dysentery. The symptoms of it were uneasiness, anxiety, excessive peevishness, headache, nausea, perfect tastelessness of all food, rancid bitter taste on the (clean) tongue, frequent empty eructation, oppression of the stomach, constant cuttings in the abdomen, complete absence of fæcal evacuations, and, instead, passage of pure grey or transparent, sometimes hard, white, flocculent mucus, occasionally intimately mixed with blood, or

with streaks of blood, or without blood, once or twice a day, accompanied with the most painful constant straining and forcing. Though the evacuations were so rare, the strength sunk rapidly, much more quickly, however (and without amelioration, but rather aggravation of the original affection), when purgatives were employed. Those affected were generally children, some even under one year old, but also some adults. The diet and regimen were proper. On comparing the morbid symptoms arnica root produces with those developed by this simple dysentery, I could confidently oppose to the totality of the symptoms of the latter, the collective action of the former. The most remarkable good effects followed, without it being necessary to use any other remedy. Before the employment of the root, I gave a powerful emetic,* which I had occasion to repeat in scarcely two cases; for arnica sets to right the disordered bile (also out of the body), and prevents its derangement. The only inconvenience resulting from its use in this dysentery was, that it acted as an antagonistic remedy against the suppression of fæces, and produced frequent though scanty evacuations of excrement; it was consequently a palliative; the effect of this was, when I discontinued the root, continued constipation.†

In another less simple dysentery, accompanied with frequent diarrhœa, the arnica root might be more useful and suitable, on account of this latter circumstance; its property of producing frequent fæcal evacuations in its primary direct

* Without using the arnica root, the emetics took away the rancid bitter taste for but one or two days; all the other symptoms remained, though they were ever so often repeated.

† I had to increase the dose daily, more rapidly than is necessary with any other powerful medicine. A child of four years of age got at first four grains daily, then seven, eight, and nine grains. Children of six or seven years of age could at first only bear six grains afterwards; twelve and fourteen grains were requisite. A child three quarters of a year old, which had taken nothing previously, could at first bear but two grains (mixed with warm water) in an enema; latterly six grains were necessary.

action would constitute it a similarly acting, consequently permanent remedy; and in its secondary indirect action it would effectually cure the diarrhœa.

This has already been proved by experience; it has been found excellent in the worst diarrhœas. It subdues them, because, *without weakening the body*, it generally causes frequent evacuations. In order to prove serviceable in diarrhœas without fœculent matter, it must be given in such small doses as not to produce perceptible purgation; or, in diarrhœas with acrid matters, in larger purgative doses; and thus the object will be attained.

I saw glandular swellings occur from the misuse of an infusion of flowers of arnica. I am much mistaken if, in moderate doses, it will not remove such affections.

We should endeavor to find out if the *millefoil* (*achillea millefolium*) cannot itself produce hemorrhages in large doses, as it is so efficacious in moderate doses in chronic hemorrhages.

It is not to be wondered at that *valerian* (*valeriana officinalis*) in moderate doses cures chronic diseases with excess of irritability, since in large doses, as I have ascertained, it can exalt so remarkably the irritability of the whole system.

The dispute as to whether the *brooklime* (*anagallis arvensis*) and the bark of the *mistletoe* (*viscum album*) possess great curative virtues or none at all, would immediately be settled, if it were tried on the healthy whether large doses produce bad effects, and an artificial disease similar to that in which they have been hitherto empirically used.

The specific artificial disease and the peculiar affections that the *spotted hemlock* (*conium maculatum*) causes, are not nearly so well described as they deserve; but whole books are filled with the empirical praises and the equally empirical abuse of this plant. It is true it can produce ptyalism; it may therefore possess an excitant action on the lymphatic system, and be of permanent advantage in cases where it is requisite to restrain the excessive action of the absorbent

vessels.* Now, as it, besides this, produces pains (in *large* doses, violent pains) in the glands, it is easily conceived, that, in painful induration of the glands, in cancer, and in the painful nodes that the abuse of mercury leaves, it may be the best remedy, in *moderate* doses, not only for curing almost specifically this peculiar kind of chronic pains, in a more effectual and durable manner than the palliative opium, and all other narcotic remedies which act in a different manner, but also for dispersing the glandular swellings themselves, when they either have their origin, as above described, in excessive local or general activity of the lymphatic vessels, or occur in an otherwise robust frame, so that the removal of the pains is all that is required in order to enable nature to cure the complaint herself. Painful glandular swellings from external injuries are of this description.†

In true cancer of the breast, where an opposite state of the glandular system, a sluggishness of it, seems to predominate, it must certainly do harm on the whole (it may at first soothe the pains), and especially must it aggravate the disease when the system, as is often the case, is weakened by long-continued suffering; and it will do harm so much the more rapidly, because its continued use produces, as a secondary action, weakness of the stomach and of the whole body. From the very reason that it, like other umbelliferous plants,

* If employed in inactivity of these vessels, it will first act as a palliative; afterwards do little one way or other; and, lastly, prove injurious, by the production of the opposite condition to that wished for.

† A healthy peasant child got, from a violent fall, a painful swelling of the under lip, which increased very much in the course of four weeks in hardness, size, and painfulness. The juice of the spotted hemlock applied to it effected a cure, without any relapse, in fourteen days. A hitherto uncommonly healthy, robust girl had severely bruised the right breast, whilst carrying a heavy burden, with the band of the basket. A small tumor arose, which for six months increased in violence of pain, in size, and hardness, at each monthly period. The external application of spotted hemlock juice cured it within five weeks. This it would have done sooner, had it not affected the skin, and produced there painful pustules, in consequence of which it had frequently to be discontinued for several days.

specifically excites the glandular system, it may, as the older physicians remarked, cure an excessive secretion of milk. As it shows a tendency to paralyze the nerves of sight in large doses, it is comprehensible why it has proved of service in amaurosis. It has removed spasmodic complaints, hooping cough, and epilepsy, because it has a tendency to produce convulsions. It will still more certainly be of use in convulsions of the eyes and trembling of the limbs, because in large doses it develops exactly the same phenomena. The same with respect to giddiness.

The fact that *garden hemlock* (*æthusa cynapium*), besides other affections, as vomiting, diarrhœa, colicky pains, cholera, and others, for the truth of which I cannot vouch (general swelling, &c.), produces so specifically imbecility, also imbecility alternately with madness, should be of use to the careful physician in this disease, otherwise so difficult of cure. I had a good extract of it prepared by myself; and once, when I found myself, from much mental work of various kinds coming upon me in rapid succession, distracted, and incapable of reading any more, I took a grain of it. The effect was an uncommon disposition for mental labor, which lasted for several hours, until bedtime. The next day, however, I was less disposed for mental exertion.

The *water hemlock* (*cicuta virosa*) causes, among other symptoms, violent burning in the throat and stomach, tetanus, tonic cramp of the bladder, lockjaw, erysipelas of the face, headaches, and true epilepsy; all diseases for which we require efficient remedies, one of which, it may be hoped, will be found in this powerfully acting root, in the hands of the cautious physician.

Amatus the Portuguese observed that *cocculus seeds* (*menispermum cocculus*), in the dose of four grains, produced nausea, hiccough, and anxiety in an adult man. In animals they produced a rapid, violent, but, when the dose was not fatal, a transitory stupefaction. Our successors will find in them a very powerful medicine, when the morbid phenomena

these seeds produce shall be more accurately known. The Indians use the root of this tree, among other things, in malignant typhus (that accompanied by stupefaction).

The *fox-grape* (*paris quadrifolia*) has been found efficacious in cramps. The leaves cause, in large doses at all events, cramp in the stomach, according to the still imperfect experience we possess of the morbid phenomena they are capable of developing.

Coffee produces, in large doses, headaches; it therefore cures, in moderate doses, headaches that do not proceed from derangement of the stomach or acidity in the primæ viæ. It favors the peristaltic motion of the bowels in large doses, and therefore cures in smaller doses chronic diarrhœas; and in like manner the other abnormal effects it occasions might be employed against similar affections of the human body, were we not in the habit of misusing it. The effects of opium in stupifying the senses, and irritating the tone of the fibres, are destroyed by this berry in its character of an antagonistic palliative remedy, and that properly and effectually; for here there is no persistent state of the organism, but only transitory symptoms to be combated. Intermittent fevers, too, where there is a want of irritability and inordinate tension of the fibres, precluding the employment of the otherwise specific bark, it apparently suppresses in large doses, merely as a palliative remedy; its direct action, however, in such large doses, lasts for two days.

Bitter-sweet (*solanum dulcamara*) produces, in large doses, among other symptoms, great swelling of the affected parts and acute pains, or insensibility of them, also paralysis of the tongue (and of the optic nerves?). In virtue of the last powerful action, it is not to be wondered at that it has cured paralytic affections, amaurosis,* and deafness, and that it will render still more specific service in paralysis of the

* Loss of sight, from an affection of the retina, the optic nerve, or the brain. (Ed.)

tongue, in moderate doses. In virtue of the two first properties, it is a main remedy in chronic rheumatism, and in the nocturnal pains from the misuse of mercury. In consequence of its power of causing strangury, it has been useful in obstinate gonorrhœa; and, from its tendency to bring about itching and shooting in the skin, it shows its utility in many cutaneous eruptions and old ulcers, even such as arise from abuse of mercury. As it causes, in large doses, spasms of the hands, lips, and eyelids, as also shaking of the limbs, so we may easily understand how it has been useful also in spasmodic affections. In nymphomania it will probably be of use, as it acts so specifically on the female organization, and has the power of causing (in large doses) irritation and pain of the parts affected in that disorder.

The berries of the *black nightshade* (*solanum nigrum*) have caused extraordinary convulsions of the limbs, and also delirious raving. It is, therefore, probable that this plant will do good in what are called possessed persons (madness, with extraordinary, emphatic, often unintelligible talking, formerly considered prophesying and the gift of unknown tongues, accompanied by convulsions of the limbs), especially where there are at the same time pains in the region of the stomach, which these berries also produce in large doses. As this plant causes erysipelas of the face, it will be useful in that disease, as has already been ascertained from its external employment. As it causes, to a still greater degree than bitter-sweet, by being used internally, external swellings, that is, a transient obstruction in the absorbent system, its great diuretic power is only the indirect secondary result; and hence its great virtue in dropsy, *from similarity of action*, is plainly perceptible; a medicinal quality of so much the greater value, as most of the remedies we possess for this disease are merely antagonistically acting (exciting the lymphatic system in a merely transitory manner), and consequently palliative remedies, incapable of effecting a permanent cure. As, moreover, in large doses it causes not only swell-

ing, but general inflammatory swelling, with itching, and intolerable burning pains, stiffness of the limbs, pustular eruptions, desquamation of the skin, ulcers, and sphacelus,* where is the wonder that its external application has cured divers pains and inflammations? Taking all the morbid symptoms together that the black nightshade produces, we cannot mistake their striking resemblance to raphania, for which it will, *most probably*, be a specific domestic remedy.

It is probable that the *deadly nightshade* (*atropa belladonna*) will be useful, if not in tetanus, at least in trismus (as it produces a kind of lockjaw), and in spasmodic dysphagia† (as it specifically causes a difficulty of swallowing); both these actions belong to its direct action. Whether its power over hydrophobia, if it do possess any, depends on the latter property alone, or also on its power of suppressing palliatively, for several hours, the irritability and excessive sensitiveness that are present in so great a degree in hydrophobia, I am unable to determine. Its power of soothing and dispersing hardened, painful, and suppurating glands, is owing, undeniably, to its property of exciting, in its direct action, boring, gnawing pains in these glandular swellings. Yet I conceive that it acts antagonistically, that is, in a palliative and merely temporary manner, in those which proceed from excessive irritation of the absorbent system (with subsequent aggravation, as is the case with all palliatives in chronic diseases); but by virtue of similarity, that is, permanently and radically on those arising from torpor of the lymphatic system. (Then it would be serviceable in those glandular swellings in which the *spotted hemlock* (*conium maculatum*) cannot be used, and the latter will be useful, where the former does injury.) As, however, its continued employment (by reason of its indirect secondary action) exhausts the whole body, and, when given in too large or too often

* Mortification. (Ed.)

† Difficulty of swallowing; choking. (Ed.)

repeated doses, has a tendency to produce a gangrenous fever, its good effects will sometimes be destroyed by these secondary bad consequences; and fatal results may ensue (especially in the case of cancerous patients, whose vital powers have been exhausted by the sufferings of many years), if it be not cautiously employed. It produces directly mania (as also, as above described, a kind of tonic cramp); but clonic cramps (convulsions) it only produces as a secondary action, by reason of the state of the organism that remains after the direct action of belladonna (obstruction of the animal and natural functions). Hence its power in epilepsy with raving is always most conspicuous upon the latter symptom, whilst the former is generally only changed by the antagonistic (palliative) action of belladonna, into trembling, and such like spasmodic symptoms peculiar to weakened irritable bodies. All the spasmodic symptoms that belladonna produces in its direct primary action are of a tonic character; true, the muscles are in a state of paralytic relaxation, but their deficient irritability causes a kind of immobility, and a feeling of health, as if contraction were present. As the mania it excites is of a wild character, so it soothes manias of this sort, or at least deprives them of their stormy nature. As it extinguishes memory in its direct action,* nostalgia (home sickness) is aggravated, and, as I have learned, is even produced by it.

Moreover, the increased discharge of urine, sweat, menses, fæces, and saliva, which have been observed, are merely consequences of the antagonistic state of the body, remaining after an excessive exaltation of the irritability, or else sensitiveness during the indirect secondary action, when the direct primary action of the drug is exhausted, during which, as I have several times observed, all these excretions are often completely suppressed by large doses for ten hours, and more. Therefore, in cases where these excretions are dis-

* It will, therefore, be useful in weakness of memory.

charged with difficulty, and excite some serious disease, belladonna removes this difficulty permanently and completely, as a similarly acting remedy, if it be owing to tension of the fibres, and want of irritability and sensation. I say, purposely, *serious disease*; for only in such cases is it allowable to employ one of the most violent of medicines, which demands such caution in its use. Some kinds of dropsy, green sickness, &c. are of this nature. The great tendency of belladonna to paralyze the optic nerve makes it important, as a similarly acting remedy, in amaurosis.* In its direct action it prevents sleep, and the deep sleep which subsequently ensues is only in consequence of the opposite state produced by the cessation of this action. By virtue, therefore, of this artificial disease, belladonna will cure chronic sleeplessness (from want of irritability) more permanently than any palliative remedy.

It is said to have been found beneficial in dysentery; probably, as, in its direct action, it retards the stool, in the most simple cases of diarrhœa, with suppressed fœcal evacuations, and rare motions, but not in dysentery with lenteric diarrhœa,† where it must do positive harm. Whether, however, it is appropriate for dysentery, by reason of its other actions, I am unable to say.

It produces apoplexy; and if it have, as we are told, been found serviceable in serious apoplexy, it is owing to this property. Besides this, its direct action causes an internal burning, with coldness of the external parts.

Its direct action lasts twelve, twenty-four, and forty-eight hours. Hence, a dose should not be repeated sooner than after two days. A more rapid repetition of ever so small a dose must resemble in its (dangerous) effects the administration of a large dose. Experience teaches this.

* I have myself seen the good effects of it in this disease.

† A species of diarrhœa, in which the food has only been partially digested.
(Ed.)

The fact that *henbane* (*hyosciamus niger*) in large doses diminishes remarkably the heat of the body, and relaxes its tone for a short time in its direct action, and therefore is an efficacious palliative remedy when given in moderate doses inwardly and outwardly in sudden attacks of tension of the fibres and inflammation, does not fall to be considered in this place. This is not the case, however, with the observation, that this property only enables it to palliate very imperfectly, in any dose, chronic affections with tension of the fibres; in the end, however, it rather increases than diminishes them by its indirect secondary action, which is exactly the opposite of its primary action. On the other hand, it will help to assist the power of the strengthening remedy in chronic relaxation of the fibres, as in its primary action it relaxes, and in its secondary action it tends all the more to elevate the tone, and that in a durable manner. In *large* doses it likewise possesses the power of producing hemorrhage, especially bleeding of the nose, and frequently recurring catamenial flux, as I and others have ascertained. For this reason it cures chronic hemorrhages, in small doses, in an extremely effectual and lasting manner. The most remarkable thing is the artificial disease it produces in *very large* doses, suspicious, quarrelsome, spitefully calumnious, revengeful, destructive, fearless,* mania (hence, henbane was termed by the ancients *altercum*); and this is the kind of mania it specifically cures, only that in such cases a tenseness of fibre sometimes hinders its effects from being permanent. Difficulty of moving, and insensibility of the limbs, and the apoplectic symptoms it produces, it may also very probably be capable of curing. In large doses it produces, in its direct primary action, convulsions, and is consequently useful in epilepsy, probably also in the loss of memory usually accompanying it, as it has the power of producing want of recollection.

* The subsequent indirect secondary action is a kind of faintheartedness and fearfulness.

Its power of causing in its direct action sleeplessness with constant tendency to slumber, makes it in chronic sleeplessness a much more permanent remedy than the frequently merely palliative opium, especially as it at the same time keeps the bowels open, although only by the indirect secondary action of each dose, consequently in a palliative way. It causes dry cough, dryness of the mouth and nose, in its direct action; it is, therefore, very useful in tickling cough, probably also in dry coryza.* The flow of mucus from the nose, and flow of saliva observed from it, only belong to its indirect secondary action. The seeds cause convulsions in the facial and ocular muscles, and, by their action on the head, cause vertigo, and a dull pain in the membranes lying under the skull. The practical physician will be able to take advantage of this. Its direct action lasts scarcely twelve hours.

The *thorn-apple* (*datura stramonium*) causes extraordinary waking dreams, unconsciousness of what is going on, loud delirious talking, like a person speaking in sleep, with mistakes respecting personal identity. A similar kind of mania it cures specifically. It excites very specific convulsions, and has thus often proved useful in epilepsy. Both properties render it serviceable in the case of persons possessed. Its power of extinguishing recollection should induce us to try it in cases of weak memory.[†] It is most useful where there is great mobility of the fibre, because its direct action in large doses is increased fibrous mobility. It causes (in its direct action?) heat and dilatation of the pupil, a kind of dread of water, swollen, red face, twitching in the ocular muscles, retarded stool, difficult breathing; in its secondary action, slow, soft pulse, perspiration, sleep.

The direct action of large doses lasts about twenty-four hours; of small doses, only three hours. Vegetable acids, and apparently citric acid in particular, suddenly put a stop

* Nasal catarrh; stuffing in the head. (Ed.)

to its whole action.* The other species of *datura* seem to act in a similar manner.

The specific properties of *Virginian tobacco* (*nicotiana tabacum*) consist, among other things, in diminishing the external senses, and obscuring the intellect; it may, therefore, be useful in weakness of mind. Even in a very small dose, it excites the muscular powers of the *primæ viæ* violently; a property which is valuable as a temporary oppositely acting remedy (as is well known, though it does not fall to be considered here); and as a similarly acting remedy it is probably serviceable in chronic disposition to vomiting and to colics, and spasmodic constriction of the *œsophagus*, as indeed experience partially corroborates. It diminishes the sensibility of the *primæ viæ*; hence its palliative power of lessening hunger (and thirst?). In larger doses, it deprives of their irritability the muscles of voluntary motion, and temporarily removes from them the influence of the cerebral power. This property may give it, as a similarly acting remedy, curative powers in catalepsy; but this very property makes its constant employment in large quantities (as with tobacco-smokers and snuff-takers) so injurious to the tranquil state of the muscles belonging to the animal functions, that a tendency to epilepsy, hypochondria, and hysteria, are in course of time developed. The remarkable fact, that the employment of tobacco is so agreeable to insane persons, arises from the instinct of those unfortunates to produce a palliative obtuseness in the sensibility of their hypochondria† and brain (the two usual seats of their complaints). But as it is here

* A patient, who was always violently affected by two grains of the extract of the plant, once experienced not the slightest effects from this dose. I learned that he had partaken of the juice of a large number of red currants; a considerable dose of pulverised oyster-shells at once restored the full efficacy of the thorn-apple.

† To this belongs the feeling of insatiable hunger, which many insane persons suffer from, and for which they generally appear to use tobacco; at least, I have seen some, who had no desire for tobacco, especially such as were affected with melancholia, who had very little hunger.

an oppositely acting remedy, it gives them but temporary relief; their desire for it increases, but the end for which it is taken is not attained: on the whole, the complaint is thereby increased, as it affords no permanent service. Its direct action is limited to a few hours, except in the case of very large doses, which extend to twenty-four hours (at the farthest).

The seeds of the *poison-tree* (*strychnos nux vomica*) are very powerful; but the morbid symptoms it produces are not yet accurately known. The most I know concerning them is derived from my own observation. They produce vertigo, anxiety, febrile rigor, and in their secondary action a certain immobility of all parts, at least of the limbs, and a spasmodic stretching, according to the size of the dose. Hence they are useful, not only, as is already known, in intermittent fever, but in cases of apoplexy. In their first direct action, the muscular fibre has a peculiar mobility imparted to it; the sensitive system is morbidly exalted to a species of intoxication, accompanied by fearfulness and horror. Convulsions ensue. The irritability seems to exhaust itself during this continued action on the muscular fibre, first in the animal, then in the vital functions. On passing into the indirect secondary action, there occurs a diminution of the irritability, first in the vital functions (general perspiration), then in the animal, and lastly in the natural functions. In the latter, especially, this secondary action lasts several days. During the secondary action, there is a diminution of sensibility. Whether in the primary direct action the tonicity of the muscle is diminished, to be proportionately increased in the secondary action, cannot be accurately determined; so much, however, is certain, that the contractility of the fibre is as much diminished in the secondary action, as it was increased in the direct action.

If this be true, *nux vomica* produces attacks similar to hysterical and hypochondriacal paroxysms; and this explains why it is so often useful in these complaints.

Its tendency to excite, in its primary direct action, the con-

tractility of the muscles, and cause convulsions, and then again in its secondary action to diminish to an excessive degree the contractility of the muscles, shows such a resemblance to epilepsy, that from this very circumstance we must have inferred that it would heal this disease, had not experience already demonstrated it.

As it excites, besides vertigo, anxiety, and febrile rigor, a kind of delirium consisting in levity, sometimes frightful visions, and tension in the stomach; so it once quickly subdued a fever in a laborious reflective mechanic in the country, which began with tension in the stomach, followed by a sudden attack of vertigo, so as to make him fall, that left behind it a kind of confusion of the understanding, with frightful, hypochondriacal ideas, anxiety, and exhaustion. In the morning he was pretty lively and not exhausted; but in the afternoon, about two o'clock, the attack commenced. He got *nux vomica*, in increasing doses, one daily, and improved. At the fourth dose, which contained seventeen grains, there occurred great anxiety, immobility and stiffness of the limbs, ending in a profuse perspiration. The fever and all the nervous symptoms disappeared, and never returned, although for many years previously he had from time to time been subject to such attacks suddenly occurring, yet unaccompanied by fever.

Its tendency to cause cramps in the abdomen, anxiety, and pain in the stomach, I availed myself of in a dysenteric fever (without purgings), in persons living in the same house with dysenteric patients. In these cases it diminished the feeling of discomfort in the limbs, the feverishness, the anxiety, and the pressure in the stomach; it produced the same good results in some of the patients; but, as they had simple dysentery without diarrhœa, it made the evacuations still rarer, from its tendency to cause constipation. The signs of deranged biliary secretion showed themselves, and the dysenteric evacuations, though rarer, were accompanied by just as great tenesmus as before, and were of as bad a character.

The symptom of loss of taste, or perverted taste, remained. Its tendency to diminish the peristaltic movements was, therefore, disadvantageous in the true simple dysentery. In diarrhœas, even such as are of a dysenteric character, it will be more serviceable, at least as a palliative remedy. During its employment, I witnessed twitching movements under the skin, as if caused by live animals, in the limbs, and especially in the abdominal muscles.

(To be continued.)

CAUSE OF DISEASE — ÆTIOLOGY.

From the work "Homœopathy, or Law of Life," &c.

By DR. A. W. KOCH.

(Continued from page 240, vol. ii.)

(9.) *Nature of Infection.*

SINCE the basis of pathological science — the nature of disease — has never yet been satisfactorily settled, it is not surprising that opinions differ with regard to the nature of infection. Without examining the various doctrines that have been promulgated in relation to this matter, some light, though it be not so clear as is desirable, will be thrown upon it by a consideration of the three following questions: What actually occurs in the inworking of contagium upon the organism? Why is it that the contagium reproduces the same disease, and through it a similar contagium? And finally, Why is the susceptibility of the organism to many contagious diseases removed by the transit of those diseases?

The first question has been treated in a variety of ways. Some describe infection as an absorption of the infectious virus, producing a change in the elementary constitution of the animal fluids (Humoral Pathology, *Reil*); others as an

assimilation of the contagium, and its subsequent deposition in the skin, mucous and other tissues (*Wedekind, Dömling*); others regard it as a specific irritation (the solidists); others again as a galvanic (*Sprengel*), or a mineral-magnetic or animal-magnetic (*Troxler, Fr. Hufeland*), or an electric phenomenon; by others it is considered to be the transference from one individual to another of infusoria and other animalculæ, as the *acarus scabei*, cholera insects, &c. *contagia animata* (*Kircher, Linné, Wichmann, Barries*); finally, *Harvey, Bach, Stark, Kieser, and Jahn*, regard it as analogous to animal reproduction; *Chr. W. Hufeland* to vegetation, and *Liebig* to the process of fermentation.

As every morbid cause, in order to the production of disease, demands an organism in which there is a special or a general substratum [predisposition], so is it as regards a contagium. If, as we have already said, there is no individual predisposition to the disease, the contagium must be, either in quality or quantity, extremely heterogeneous to the organism, in order to disturb its assimilative relations, and give it an abnormal life-direction; hence the disease thus produced will be intense, and attended with great danger to organic life. The same is true when an individual predisposition exists which has attained to an extraordinary height and strength; in this case the quantity of contagium that suffices, if it correspond in quality, to produce disease is so minute, as not to exceed the decillionth part of a homœopathic dose. As now all matter becomes active in the formation of that which is new, by the attraction of its similar, so does the contagium, which is certainly of a material nature, even if we cannot represent it as actually corporeal. It becomes active by the attraction of the organic disposition, and a new being is formed which manifests itself as a contagious disease, and which seeks to develop and extend itself at the expense of the affected organism. Contagion consists, therefore, in its essence, of a formative activity which follows the law of the attraction of similars, and which resembles the

formative activity of simple forms of matter, except in the following respects, viz. that the activity is not simple, and that it does not cease, as in the crystal, with the act of formation; but, by constantly operating upon new material from the organism, constantly renews itself, and endeavors to assimilate the organism to itself, and to divert it to its own direction: it thus becomes a persistent activity, as in complex forms of life. On the other hand, the organism strives to maintain its integrity, and to expel the disturbing force.

The answer to the second question, "Why is it that the contagium reproduces the same disease, and through it a similar contagium?" has been given in part in what has been already said.

It is clear, that a contagium, in order that it may exert its formative energy, must combine with a corresponding substratum, and that the newly formed product must be correspondent to both its factors in every respect; it must, therefore, be similar to them, just as, in the higher forms of life, the union of male and female of like species produces a similar individual.

Since the newly formed living disease ("disease-life") does not cease to be active with its first production, but continues to grow and develop itself at the expense of the organism, it has no longer the characteristics of a simple form of material life, but assumes those of the compound life-forms, by which a materium is produced potentially representing the anterior life-form in all its peculiarities, and which possesses the power of reproduction. Hence the contagium (the anterior life-form) must, with a corresponding disposition, produce a like life — a like disease — to that from which it was itself derived. Finally, in proportion to the intensity, — that is, the multiplication of the predisposition and of the power of reproduction, — there must ensue a multiplication of the potentia, whence there may be on one side a multiplication of the disease.

The third question, "Why does the transit of many conta-

gious diseases through the organism remove the susceptibility to those diseases ? ” has also been partially answered.

As has been said, every contagium, in order to the production of disease, must meet with a corresponding predisposition — a susceptibility — in the organism. This susceptibility, like that of the various forms of female life to impregnation, may be single or double or manifold ; hence there may be one only, or two, or many diseases produced by conjunction with the same contagium, according as there may be a simple or double or complex receptivity. In the first case, a single occurrence of the disease will have expended the whole of the susceptibility, and the contagium cannot again reproduce itself because the second factor is wanting. If the susceptibility is manifold, the disease may be often produced. If there is no susceptibility at all to the contagium, then the disease will never appear in that individual. Our view of this matter is confirmed by the results of vaccination. The protection which this process affords against variola consists in the fact, that the susceptibility to this disease is simple, and is entirely expended by producing impregnation with another contagium similar to and closely related to that of small-pox.

It sometimes occurs that a man who has been exposed to the highest grade of infection without becoming diseased is afterwards affected on a much less exposure ; also, that an individual is attacked a second time by a disease which ordinarily occurs in the same person but once. In the former case, the special disposition to the disease did not correspond to the contagium, until time and circumstances had developed it ; in the latter, the predisposition was double, or external influences had renewed it. That the human organism is susceptible once only to a few, and more than once to almost all, contagia, is owing to a deficient or different susceptibility to different contagia. The reason why certain contagia infect repeatedly, and under almost all circumstances, is to be found in their intensity, — as that of rabies canina, syphilis, — and in the general susceptibility of the

human organism to their action; so other energetic substances, as prussic acid, belladonna, arsenic, &c. are capable of acting upon the organism in all circumstances.

In some instances, certain contagious diseases leave behind them an aggravated susceptibility to the same contagia, as gonorrhœa, chancre, itch. The same is true of some medicinal agents, as quicksilver, nux vomica, &c.

The danger to the human organism attending the action of a contagium depends upon the heterogeneousness of each to the other, the intensity of the latter, and the degree of susceptibility of the former. If the contagium is so heterogeneous to the organism as to derange its general assimilative functions, — those of the sanguineous and nervous systems, — or to prevent those of an important organ, death is usually the result. This is the case as regards the canine virus, confluent small-pox, scarlatina maligna, plague, and typhus. If the intensity of the contagium is of a high grade, the effect upon the organism is equally energetic; finally, if the susceptibility is greatly exalted, there is always a tendency on the part of the organism to yield to the action of the contagium, and to become deranged in its vital processes.

(IV.) *Disease as a Cause of Disease.*

It frequently occurs that one disease, when fully developed, becomes the cause of a second, differing from it in a greater or less degree. In such cases the first is called *idiopathic, primary*; the second, *deuteropathic, secondary*.

When one disease thus produces another, it is owing either to some idiosyncrasy of the individual affected, or to some peculiarity in the causative disease, and in external influences; in most cases both conditions exist. First of all, the sympathetic relations of the organs one to another favor the formation of new disease, or the transfer of the old to other parts of the body. These sympathetic relations are dependent upon two main facts, viz. : (1.) That there is, among dif-

ferent organs and systems, the greatest similarity of physiological function and of anatomical structure, and that they are closely connected as regards both; (2.) That there is a mutual action of each upon the other, between the organs and systems which are anatomically different, but physiologically similar. Hence inflammation of one eye causes inflammation of the other; diseases of the liver cause those of the lungs; intestinal canal, brain, heart, &c.; cutaneous diseases, as urticaria, itch, tetter, produce general cachexia, tuberculosis, caries, cataract, amaurosis, neuralgia, &c.; scarlatina and measles frequently result in diseases of the eye and ear, dropsy, &c.; inflammation of the conjunctiva is sometimes followed by iritis, pleuritis by pneumonitis, and erysipelas frequently ends in a phlegmonous inflammation of the sub-cutaneous cellular tissue. Most secondary diseases are owing to the sympathetic relations existing between the external skin and the mucous membranes, the fibrous tissues and the medullary membranes of the bones, the cartilagenous and osseous tissues. Secondary disease must very often be attributed to accidental circumstances, or to improper treatment of the primary affection, or to the attempts of nature to effect a cure. So orchitis results from repressed parotitis, and from repressed or badly treated gonorrhea; lues from chancre; phthisis and cardialgia from repelled itch; physconia hepatica, diseases of the spleen, and mental affections, from intermittent fever. In all cases in which there is no anatomico-physiological connection between the primary and secondary diseases — as between chancre and lues, for example — there is a morbid predisposition in this or that organ, with which the primary disease combines as a *causa morbi*, for the production of the secondary. It is thus we must explain the affections resulting from metastasis or “*metaschematismus*.”

When one disease has produced another, the former either ceases, or continues with the latter. In the first case, the primary disease acts as any other self-existent *causa morbi*,

forming with the predisposition of another organ or system a new disease (metastasis, "metaschematismus"), which has more or less similarity to the preceding. In the second case, the primary affection has become metamorphosed into the secondary disease of the same or of a sympathetic organ or system, being modified by the anatomical relations of that organ.

(V.) *Psychical Causæ Morborum.*

That which maintains the whole world in activity — the life, or the general energizing principle — can never be isolated, if it would be active; it must ever be in union with a material substratum, in order that it may manifest its formative and preservative power. Activity without matter, and matter without activity, are equally inconceivable. This activity shows itself first and most essentially in matter as *form*; and as, in the simplest forms of matter, it manifests an internal unity with it, and dependence upon it, so the variously developed and highly energetic activity (spirit, soul) of the complex forms manifests the same unity and dependence; at the same time the spirit gives form to matter, governs and preserves it. This intimate connection between spirit and matter leads necessarily to the inquiry: Can spirit or soul, as such, be idiopathically diseased? If, in answering the question, instead of looking at man, who possesses a fully developed soul, we go back to that simplest form of spiritual activity which we have called "*Erfühlung*,"* and which controls the combination of matter, there can be no doubt that this lower and simple potency can never be, in itself, deranged or diseased; it can be affected only by change in the matter with which it is connected. It is

* This word the author has made from the verb fühlen, "to be sensible of," "to perceive;" he explains it elsewhere as used by him to mean the cognizance which one particle of matter is supposed to take of another, before there can be any vital action between them.

equally true that the soul, which holds such intimate relations with the body, — which is the common medium of expression of every single and simple organ, — which is throughout one with the body, and in which “*Erführung*” has become exalted to self-perception and consciousness, — cannot be idiopathically diseased. The *potentia* of such a consciousness must exist in the potential matter (ovum), just as much as in the fully developed matter ; it needs only, in order that it may manifest its activity, the completely formed corresponding substratum (body) ; with this alone can it become a consistent whole. No one will say, that the spirit, thus confined in potential matter, is unformed or imperfect or diseased, because it has not yet manifested itself as in a fully developed body. As now the spirit cannot manifest its activity in the potential or undeveloped body, so, if the body become essentially deranged after it is fully formed, the soul is hindered and disturbed in its outward manifestations of itself ; as a totality, however, as a conscious *ego*, it can never be injured, though there may at times be an apparent loss of this consciousness, in consequence of the want of a harmonic substratum. Such a spirit can never be destroyed, even if its body totally perish ; the self-existent, conscious *ego* will still continue, and will form for itself a new body adapted to its attributes and character. Mental disease, therefore, is in our opinion only an obstruction to the exhibition of activity, caused by the want of a corresponding harmonious (similar) body ; never a derangement or disease of the mind itself.

Among many other reasons for believing that the mind may be idiopathically deranged, it is said that sin affords a proof of it. This idea, that sin shows a more or less primarily abnormal condition of the mind, we cannot by any means adopt, since it would require that we should all acknowledge ourselves to be deranged in intellect in consequence of original sin, and thus all freedom of the mind would be taken away. Sin can with no more propriety be regarded as a primary abnormality of the mind, than cursing

and lying can be considered an abnormity of speech, dancing and deadly beating an abnormity of motion, and harlotry an abnormity of copulation. If this idea of sin be correct, it would be very difficult to find a normal mind ; moreover, viewed either from a theological or a juridical stand-point, there can be sin only where there is imputableness. Sin can as little be regarded as mental abnormity, as he can be said to be of unsound mind who is unable to read and write. Indeed, on this theory, we should have no limits to idiopathic mental derangement. The mechanic who seeks the quadrature of the circle, the theologian and philosopher who endeavor to demonstrate the divine revelation, as well as he who strives to overthrow it, all alike, and on similar grounds, should be sent to the mad-house.

All mental disorders show us, indeed, not that there is any essential change in the soul itself, but only that there may be manifold changes in the mode of external manifestation of the mental activity. Observations show still further, these disorders depend upon the *form* which the mind possesses ; upon the harmonic or inharmonic form, which is affected harmoniously or inharmoniously by the external world, and which again manifests externally, in like manner, its internal sensations.

Observation has shown, that in most cases of mental derangement there is material misformation ; when none can be found, we cannot say positively that there is none, since we are not so skilled in pathological anatomy but that slight changes might escape our notice. In the same manner, we observe certain morbid phenomena, as spasms, epilepsy, &c. in cases where, for the most part, we can discover no material changes, though I am perfectly convinced that they do exist ; all attempts even have hitherto been fruitless to discover, with the microscope or chemical agents, what is the change in the blood which abnormally irritates the nerves. In many diseases we can find no material changes, and their cause must lie in a changed condition of the blood ; as deli-

rium tremens, in which either no change at all is discoverable, or only a congestion of the cerebral vessels, and which is nothing else than a material cerebral affection, depending upon an abnormality in the constitution of the blood, so that the mind can no longer manifest itself harmoniously with its organ.

As with all other diseases, so with mental derangements, there must be an external and an internal cause (disposition). The last must have a material substratum, which gives it its disposing tendency. It arises either from a continued abnormal mental excitement, or it depends upon some somatic change. In the first case, the cause lies in the inharmonious relations of the mental activity to the material substratum; in the second, in the re-action of altered matter upon the mind. If, now, external causes be brought to co-act with such predisposing causes, so as to goad the mental activities to an unnatural grade of excitement, the field is thrown open to that class of diseases called "mental derangements." Among such heterogeneous mental stimulants may be included the strong emotions of the mind; anger, vexation, grief, home-sickness, pride, vanity, love, hope, joy, melancholy, fear, terror, remorse, shame, passion of every kind; finally, excess or deficiency of mental activity, excess of sleep or watching, &c.

These causes cannot of themselves produce derangement of mind, or render the soul in its essence (idiopathically) diseased; but they produce a material alteration in the entire nervous system, or in the nerves of individual organs; as of the brain, the sympathetic system, the sexual system, and other abdominal organs. Thus are the "*Erfühlungen*" and sensations altered; and, by the aggravation of these partial alterations, the totality of the "*Erfühlungen*" and sensations (soul, spirit) is thrown into disharmony, which disharmony constitutes mental disease.

There still remain unconsidered, as *causæ morborum*, food

taken in such quantity or of such quality as to injure the organism, chemical and mechanical agents, medicines, and poisons. As our purpose, however, is not to write a complete text-book of pathology, but rather to sketch rapidly what is most essential to the natural law of life which we have presented, we must leave it to the reader to arrange under this physiological and pathogenetic law the other causes of disease, and to observe for himself, as he will have no difficulty in doing, its general applicability.

THE CHOLERA, AND ITS TREATMENT.

BY DR. RAPOU, OF LYONS.

Translated from the "*Revue Homœopathique du Midi*," by J. A. Tarbell, M.D.

IN 1832, when the cholera reached Paris, and threatened to extend through all the departments, the French homœopathic physicians, at that time few in number, could learn nothing relative to the proper treatment of this Asiatic scourge, excepting through the reports of German practitioners. These reports, although as authentic as could be desired, were not sufficiently minute to enable them to take advantage of all the resources of homœopathy. Dr. Rapou, sen., deploring this inadequacy of information, and inspired with the highest human motives, had the courage to leave his family and friends, and travel through Germany, in order to study thoroughly the character of this strange disease, and to learn the best method of curing it. He visited successively Vienna, Presburg, Raab, Pesth, and Berlin; and, constantly in contact with cholera-patients, and in intimacy with the most distinguished physicians, he had ample opportunities of becoming acquainted with the most successful modes of treatment in use.

On his return from his dangerous journey, while France

was yet suffering severely from the attacks of this fearful malady, Dr. Rapou, desirous of extending the benefits of his personal observation as widely as possible, published a small work entitled "The only Preservative and Curative Treatment of Asiatic Cholera, the efficiency of which has been verified by experience with Homœopathic Remedies," from which we extract the following remarks:—

As the cholera, considered in its precursory and in its advanced periods, has not been so clearly described as to render its treatment easy, I have thought it my duty to delineate the forms in which it most frequently appears, and to indicate the remedies most suitable to each.

Sometimes, the commencement of this disease consists in attacks of heat followed by chills and thirst, attended with pulling, tearing pains in the limbs, and slight numbness of these parts; at the same time, the head is confused and heavy, as if in nearly an apoplectic condition. The patients then lose their senses, the pulse becomes full, the respiration labored, and death soon occurs, if immediate relief be not obtained. These symptoms readily yield to the *spirits of camphor*, in doses of one drop, every ten or fifteen minutes, taken in a tea-spoonful of water: friction with the same upon the lower limbs may be employed. A gentle perspiration succeeds, and the patient rapidly recovers. In this case, *bryonia* VIII° has been sometimes given with much success.

2. At other times, the patient has cramps, plucking pains, and stiffness of the limbs, convulsive movements, curvature of the trunk, and agitation of the whole body, without either vomiting or diarrhœa. In such cases, *spirits of camphor* should be first resorted to; and if; at the end of a few hours, an amendment is not perceptible, which is very seldom, *veratrum* IV° should be administered. When the disease yields to one of these two means, and yet the cramps afterwards re-appear, then *cuprum aceticum* X° may be used with the greatest benefit.

3. More frequently, the disease manifests itself by a weakening diarrhœa of watery fluid, greenish or blackish, accompanied sometimes with borborygmus, tenesmus, rapid pulse, great heat, and burning thirst. This diarrhœa almost always yields to one dose of *acidum phosphoricum** II^o, or to *veratrum* VI^o. It is sometimes necessary to repeat these remedies after twelve or twenty-four hours. The *veratrum* is to be preferred, when a pain in the cardiac region is added to the other symptoms. If to the above group of symptoms is added a sharp, burning pain in the stomach, with great anxiety and extreme feebleness, *metallum album* X^o is given with advantage. In this state, as well as in the preceding, and most of those which follow, iced water should be given frequently, and in very small quantities, about a spoonful every five or ten minutes. In case of an obstinate diarrhœa, injections of ice-water have been used with good effect.

4. When the disease commences with vertigo, nausea, chills, diarrhœa, and vomiting, *spirits of camphor* is also given on sugar, or mixed with a little cold water. When there is only nausea or vomiting, *ipêcac.* I^o is generally sufficient; but if, after being repeated three or four times in one hour, it produces no amelioration, it should be followed by *veratrum*.

5. If to the symptoms mentioned in the third article are added convulsive movements of the hands, fingers, feet, and

* Dr. Rapou, in his remarks upon the treatment of cholera, states that *rheum*, *antimonium crudum*, and *chamomilla*, have proved useful under certain circumstances; but that the most generally efficacious remedy, and that which is regarded as almost a specific in this form of the disease, has been *phosphoric acid*.

He also adds in another place, that *phosphoric acid* agrees especially with cases of borborygmus and diarrhœa. Dr. Veith, of Vienna, who was the first to propose this remedy, affirmed that it never had failed in his hands to answer the purpose required. It was used with the same benefit at Magdeburg, at Prague, and at other places where it had been made known. At first, phosphorus was employed; but the phosphoric acid was found to be more prompt in its action.

toes, *cuprum aceticum* X^{oo} is to be given every half-hour, until there is amendment. *Veratrum* and *acid. phosphor.* may also be necessary.

6. If the patient suffers from watery vomiting, attended with vertigo, thirst, increased heat, and fulness of the pulse, one dose of *veratrum* very often suffices to remove all these symptoms in a few hours. This remedy soon causes a gentle perspiration, a state of quietude, and often a tranquil sleep, which is followed by a complete cure.

7. When the following symptoms are present, viz. cramps in the calves of the legs and in the hands, accompanied with sharp pains; small, feeble pulse; coldness of the cheeks and tongue, with retention of urine; stupidity; hoarseness of the voice; hands and feet cold; face livid, earthy, bluish; eyes cast down, and surrounded with a dark-blue circle; nose pinched; perspiration cold and clammy, extending over the whole body; blue appearance of the limbs; dejections whitish, flaky, curdled; *veratrum* II should at once be resorted to, six or eight globules at a dose, according to the intensity and number of symptoms, and may be repeated every hour, according to the urgency of the case. But if a part of these symptoms disappear under the action of this remedy, which may be regarded, in this case especially, as a specific, and the cramps should continue, *cuprum* X^{oo} ought to be given, and repeated several times, if necessary, and even alternated with *veratrum*.

8. When the pulse is imperceptible, the feet, hands, face, tongue, and sometimes the whole body of an icy coldness, while the diarrhoea and vomiting have ceased; when the respiration becomes hurried, and nearly the whole surface, particularly the face, limbs, and nails are of a violet, livid, dark-blue, with extreme anxiety or delirium; when the patient is inclined to rise from his bed, jump from the window, or lie upon the floor, *carbo-vegetabilis* is to be preferred to all other remedies. *Veratrum* is also advantageously used in this case.

9. Cases are sometimes met with, characterized by a complete cessation of vomiting and of diarrhœa, cold sweat, blood-shotten eyes, countenance unnatural and wearing a look of agony, no pulse; and by cramps and spasms. Happily such cases are rare, and are not seen excepting in patients subjected to improper treatment, or abandoned to nature. Yet, in this most dangerous situation, the patient should not be despaired of, nor left without assistance. If, after having given *veratrum* or *cuprum*, no amelioration is manifested, a drop of the water of *cherry laurel* (*prunus laurocerasus*) should be administered, or at least some globules, or a very small quantity of sugar impregnated with the cherry laurel. *Carbo-veg.* has also been used in these cases with wonderful results. After the administration of this remedy, *veratrum* acts beneficially.

10. In cases where sharp, insupportable, cutting pains in the abdomen are present, with extreme debility, very happy effects have been obtained from *metallum album X^{oo}*. This remedy sometimes alone effects a radical cure; but it is often necessary to employ afterwards *veratrum* and *phosphor. ac.*

11. Sometimes the coldness on the surface of the body suddenly disappears, the breath and skin become warm, the face flushed, the pulse quick and hurried, and there is fever with delirium. If stupor is present, *phosphoric ac.* is the medicine best adapted. *Belladonna* is to be preferred when there is delirium, with sparkling eyes and flushed face. Should the patient be greatly agitated, incessantly turning from side to side in his bed, and his limbs are as if paralyzed, *rhus toxicodendron* should be administered every eight, twelve, or twenty-four hours. But if he is tranquil, and exhibits the general symptoms above mentioned, with a sensation of stinging in the chest and on the tongue, *bryonia VIII^{ooo}* should be given often, alternated with *rhus* every eighth or twelfth hour.

12. One of the worst forms of cholera, but fortunately quite rare, is that in which vomiting, diarrhœa, and spasm-

dic symptoms, are absent, while the patient lies in a state resembling apoplexy. If relief is soon afforded, there is hope of a cure even here. At first, *camphor*, and afterwards *veratrum*, may be given; perhaps also *aconite* VIII^{oo}, repeated four times in the space of an hour, or *ippecac.* I^{oo} or II^{oo}. If no vital re-action is obtained by the use of these remedies, it would be well to resort to *laura-cerasus* or *carb.-veg.* as medicines which might possibly arouse organic susceptibility. Afterwards, *veratrum* might be given.

The affections consequent upon a change of form in this disease must be treated by their appropriate remedies. We cannot at present particularize them.

The only liquid given in cholera should be cold water, or, if possible, iced water. Some light nourishment may be allowed, such as rice-water, toast-water, &c.; and not until convalescence is established, should more substantial food be permitted. In cases, however, which are not seemingly dangerous, and when the disease is prolonged, the strength of the patient may be supported by a little broth, or other nourishment of the like nature. After the cure, and during convalescence, the remaining debility will readily yield to *china* III^{oo}.

I have indicated only the most frequent forms in which cholera manifests itself, and the most efficacious remedies for their removal. Those remedies are limited to a small number, in order that the treatment of this disease may be as much as possible simplified.

CASE OF ERYSIPELAS.

HOMŒOPATHIC TREATMENT INTERRUPTED BY ANTIPHLOGISTIC
TREATMENT.

BY B. DE GERSDORF.

Dr. H. R. MADDEN, in his excellent article ("British Journal of Homœopathy," No. xxxi.) "On the different Kinds of Action of Medicines," says in the introduction:—

"In a science of such extent and complexity as practical medicine, it is not surprising that we should occasionally meet with exceptions to the most apparently universal laws; and hence it behoves us to examine carefully how far any one law is capable of embracing all phenomena, and how far it may be advisable to take into our consideration laws of much less extensive operation, but which within their own limits exercise important functions and necessitate certain modifications in practice. Again, we frequently meet with cures of the same disease under the most opposite and apparently contradictory methods of treatment; and this should equally lead us to examine, whether, in addition to the one direct law of healing, there are no other methods by which disease may be subdued, and by reference to which these apparent anomalies may be brought within the limits of explicable phenomena. And, thirdly, so long as there exists a formidable array of diseases which have hitherto baffled all our efforts to remove them, it behoves us to examine well every possible method of treatment, so that, in the event of one resource failing us, we may be in circumstances rationally to bring other means to bear upon the hitherto unconquered foe."

He says furthermore:—

"As in the healthy body, viewed physiologically, there are three kinds of action continually in operation, viz. the *dynamic* or *vital*, the *chemical*, and the *physical*, so we find the

same three existing in disease. And again: As on the healthy body certain agents are capable of producing pathogenetically three different kinds of action, viz. the *dynamic*, the *chemical*, and the *physical*, so in therapeutics these three methods may be successfully employed for the eradication of disease."

It is to us encouraging and gratifying to see, that homœopathy is gradually beginning to take so strong a position in science, and is gaining such general acknowledgment in practice, that its followers may relax from their exclusiveness, often justly condemned, and, with less jealousy for *their own* and more justice towards *other laws of cure*, may place homœopathy on a broader platform of therapeutic competition with other systems of treatment. In illustration of the views expressed by Dr. Madden, in which I know all liberal homœopathists will agree, I lay before the *homœopathic* reader a case occurring in my practice, the treatment of which seems to me to prove sufficiently that in some cases the physician is obliged to have recourse to various laws of cure, *vital*, *chemical*, or *physical*, in order to attain a successful result.

Miss N——, twenty-two years old, of delicate constitution, slender frame, and choleric-melancholic temperament, has had, during the last four years, occasional attacks of *erysipelas bullosum faciei*. Spring and autumn have been the favorite seasons for the disease to appear, and it was then generally preceded by chronic costiveness, loss of appetite, and suppressed menses: any strong mental emotion, however, especially grief or vexation, might bring on an attack at any time. During the two years that she has been under my care, the attacks, at first as frequent as once in six weeks, and lasting from four to eight days, had always yielded to homœopathic treatment, and were attended with only slight febrile symptoms. Gradually they became less frequent, and finally there was an interval of nine months, during which the patient gained strength and health in every respect,

though a slight but obstinate bronchitis gave proof of the existence of latent chronic disease in the system. Just as I was beginning to feel confident that she was radically cured of the tendency to erysipelas, she had, after an imprudent exposure, bodily exertion, and mental excitement, in September, 1849, a severe attack, attended with more violent fever than ever before. *Acon.* 2, *bellad.* 2, and *rhus* 3, however, removed the fever and the erysipelatous inflammation, swelling, and *bullæ*, in the course of a week. After the disappearance of the acute symptoms, I continued the treatment in order to remove the chronic symptoms which remained, and which evidently had connection with the periodical erysipelas, though before this last attack they had been very slight. They were dull headache, want of appetite alternating with unnatural craving for food, and especially laryngeal irritation and constant bronchitis, with little or no expectoration. *Hep. sulph.* 3, was given for three weeks with little effect; but, after this, *iodum* 4, continued for two weeks, produced evident improvement as regards the headache, laryngeal irritation, and oppression of the chest. At the request of the patient, I allowed her the use of the *cod liver oil*, which, being a kind of natural homœopathic preparation of iodine, I thought would do as well in her case as *iodum* itself. Under the influence of this oil, of which she took daily two table-spoonfuls, the appetite became more regular. Having taken it for two months, she then stopped the use of medicine altogether; and I did not hear from her again, until called to see her on the 24th of January, 1850. I found that, during the past week, she had felt languid and heavy in the head, and the bowels had been constipated. The erysipelas had been slowly advancing for three days, and was now beginning to show itself on the cheeks; and, as she had had little heat and fever, they had not sent for me before. I found the pulse 110, head hot all over; and across the nose and both the cheeks, in the shape of a saddle, was a dark and strongly marked erysipelatous swelling, which caused

burning pain, but showed no blisters as yet. Prescrib. *belladonna* 2 every two hours, cold bandages on the head, and a laxative injection; the bowels having been constipated for four days.

Jan. 25th. — Patient had passed a restless night, pulse fallen to 100; headache increased; desponding and fretful state of mind, swelling extending, small *bullæ* appearing on it, eyelids beginning to swell and become red; no operation of the bowels. *Bellad.* 2, and *rhus-toxic.* 3, alternately every two hours; in the evening *bryon.* 2.

Jan. 26th. — Pulse 110; the erysipelas is appearing on the forehead, and has inflated the eyelids very much, small BLISTERS appearing all over the face. Patient was very restless during the night, and every noise increased the headache; head hot; constipation continues. Prescrib. *rhus-toxic.* and *hyoscyamus.*

Jan. 27th. — Erysipelas is spreading more; has a dark dirty-red appearance, though the *bullæ* show no tendency to ulceration, and has now gone to the head, moving on with a distinctly marked margin. The scalp of the parietal and temporal regions of the head is swelling, and very painful to the touch; roaring in the ears like the noise of railway cars; severe headache, with a feeling of oppressive fulness and anxiety for breath; pulse 115. The patient speaks very little, has her eyes generally shut, though the eyelids are less swollen since the increased swelling of the scalp. Prescrib. *digital.* II^o every two hours. *Evening.* — The symptoms of oppression on the brain are increased; the erysipelas is spread over the whole head; the neck feels painful and stiff; sometimes the patient will rise up on a sudden in bed, as if to get more air, or as if to escape from the heat and weight on the head, though generally the least motion causes great pain. Complexion of the face bluish-red; skin rough, and covered with very small vesicles, containing hardly any liquid; head hot, feet cold. Since the appearance of the blisters, I had, according to the old perhaps erroneous rule

of avoiding all moisture in *erysipelas bullosum*, ceased to apply the cold bandages. But when, that evening, I saw the symptoms aggravated as I have described, I thought *something* must soon be done in order to prevent the threatened metastasis to the meningeal membranes, and that, as yet, my *homœopathic* treatment had not acted efficiently. I ordered, therefore, a hot feet-bath, and cold bandages all over the head, to be renewed as soon as they became warm; also an emulsion of nitrum and six leeches behind each ear, the bleeding from which was not stopped until the next day at noon (sixteen hours).

Jan. 28th. — The blood, after having been at first pitch-like, dark, and thick, was thin and of a lighter color; pulse less full and less frequent. Head feels easier; patient lies quietly, has slept a little, but would not or could not speak, nor open the eyes except very partially; had an operation of the bowels during the day, and slept again in the evening. Opium II° every two hours.

Jan. 29th. — Patient had a better night, with less fever and heat of the head. The head feels heavy, drowsy, and cannot be moved without causing great pain. *Belladon.* 2°, *merc.* 3°, alternately every three hours.

Jan. 30th, 31st. — Patient continued to improve; headache, heat, and fever decreasing. The head still feels heavy and painful being moved, lying on the same spot on the pillow, and in the same position all the time, with constant drowsiness and sopor. Suspecting extravasat on the meningeal membranes, I prescribed *digit.* 2 every three hours.

Feb. 1st. — Patient opens the eyes, answers more readily, is conscious of having slept soundly some hours during the night. *Continued digit.*

Feb. 2d. — Patient continues to improve; a slight cough is setting in. The skin is moist, peels off on the face, the blisters are drying away. Under the influence of *digital.* *opium*, and *merc. sol.* she continued to improve rapidly for a week; but, as the head was all the time tender, and the desquama-

tion of the scalp caused the hair to come off, I gave for the next fortnight *graphit.* 3, once a day, under the use of which medicine she is still improving.

It appears evident from the description of this case, that, after having removed the *physical* and *chemical* influences of the stagnant and decomposed blood in the *plexus venosus temporalis*, and thus having given mere *physical* aid, the *dynamic* action of the homœopathic medicines, which before this seemed to be entirely prevented, began at once to show itself in its full efficiency. The disease had already advanced so far in the system, that the higher faculties of animal life were oppressed, and chemical and physical laws of nature were in the same degree gaining influence on the organism. By the antiphlogistic treatment I met these influences, restoring the suppressed but necessary oxidation, and carrying the injurious *dead* and *decomposed* matter from the system.

I would remark, finally, that I am well aware, that the case was in the beginning a *neglected* one, medical aid not having been sought until the third day; and I have full confidence, that, by a *timely* application of homœopathic remedies, I could have effected the cure without much delay or trouble.

PSORINUM. — PSORIN. — ITCH MATTER.

KRÆTZSTOFF.

DURATION OF EFFECT, SEVERAL WEEKS. ANTIDOTES, SILICEA.

Communicated by DR. S. M. CATE, of Augusta, Me.

Translation from Böninghausen.

General Symptoms.

ARTHRITIC and rheumatic pain. Dropsical affections and anasarca. Much affected by slight exertion. Very much debilitated after riding in a carriage. Weakness in all the joints, as if they would break. Many complaints arise by

riding in a carriage, and by moving in the open air, which get better by rest, and in a (warm) room. Lying down produces the most mitigation of the symptoms.

Skin.

Eruption of small blisters, without itching. Numerous red-spotted pustules. Secondary itch eruptions. Itch pustules. Scabby eruption over the whole skin, as if the whole body was in a case. Dry, painless herpes. Sycosis.

Sleep.

Retarded sleep. Waking early, and sleeplessness after midnight, caused by ebullition of blood towards the head, with heat, and dull forgetfulness. Profound, deep sleep, with early waking. Vivid dreams, with very clear, distinct views, which continue even after waking. Fantastical, anxious, and fearful dreams. Inability to sleep on the right side.

Fever.

Frequent sensation of coldness and chilliness. The heat of the sun is insufferable. Heat in the evening, as if sensation would be lost, with delirium and thirst. Heat, with profuse perspiration of the face. Heat and perspiration from riding in a carriage.

Mind.

Inconsolable thoughts. Anxiety, like fearful forebodings, especially when riding in a carriage, with trembling of the hands and feet. Melancholy depression of spirit, and despair even to inclination to commit suicide. Quickly roused to anger, with constant thoughts of death. Sudden gayety, alternately with sudden depression of spirits. Very irritable and sentimental. Great aversion to riding in a carriage, alternately with great inclination thereto. Great laziness, and aversion to all work. Great desire to work, with hot, trembling of the whole body. Mania. Weakness of memory. Forgetfulness.

Head.

Head bewildered, as after intoxication, especially at night. Giddiness, with stupor. Headache, as if the brain would press out of the skull, with crawling inwardly. Pain, as if a stick was lying across the head, with debility and wish to lie down. Violent headache early in the morning, with pressing out of the forehead, stupor and dizziness, and severe pain of the eyes. Congestion to the head, with fulness and pulsation in the head, especially during mental labor. Violent pressing, burning in the forehead, especially in the evening. Before the headache, sparkling black spots, and dancing of objects before the eyes. Scalp: dry scales upon the scalp, with humid crusts behind the ears, and many lice. Stinking humid crusts over the occiput. Large humid spots over the head.

Eyes.

Inflammation of the eyes, with pressing, as if from sand or some other substance. Burning in the eyes. Swelling of the eyelids. Tears flow from the eyes, from looking steadily at any object. Glass-like eyes. Eyelids glued together in the morning. In a room, trembling of objects before the eyes. Black spots and sparkling before the eyes. The eyes are dazzled by walking in the open air. The light pains the eyes.

Ears.

Darting in the ears. Discharge of red cerum from the ears. Discharge of stinking matter from the ears. Purulent eruption on the ear. Great purulent and humid crusts behind the ear. Sensation, as if hearing with another's ears.

Nose and Face.

The septum of the nose is inflamed with a white purulent eruption. Smell like blood before the nose. Face pale yellow, and sickly, with broad blue rings around the eyes.

Drawing, darting pain in the face, in the cheek-bones, and temples. Pain in the cheek-bones, as if from an abscess excited by touching it. Dry itching, red-spotted eruption of pimples on the face (in clusters?). Crust-like eruption over the whole face. Swelling of the lips. Ulceration of the lips and corners of the mouth. Black, brown, and dry lips. Swelling of the submaxillary glands, painful when touched.

Teeth.

Darting in the teeth; bitter in the open air. Soreness of the teeth. Ulcers on the gums.

Mouth.

Much tenacious, sticky mucus, of a nauseous taste, in the mouth. Tongue coated with white mucus. Pain in the throat, with difficult swallowing. Inflammation of the throat, with burning and sore pain, especially when eating warm food. Taste insipid and nauseous, worse from eating and smoking tobacco, better after drinking. Oily taste of food at dinner. Clay-like taste of the mouth. Much thirst, with small appetite, even during dinner. Increased appetite and hunger. Extreme dislike for pork. Belching, as from rotten eggs. Acid and rancid regurgitation. Dyrosis after drinking of water. Hickuping after eating. Constant nausea, with inclination to vomit; with vomiting of sour or sweet mucus, especially early in the morning or in the evening. Cramp in the stomach. Darting pain in the pit of the stomach. Darting in both hypochondria.

Abdomen.

Pain in the abdomen after riding in a carriage. Coldness in the abdomen towards evening; better after eating. Spasmodic pains in the abdomen early in the morning before rising. Pinching in the abdomen, principally in the region of the vagina (in a female). Darting pain in the abdomen, principally in the sides. Ascites.

Anus and Feces.

Stool frequent, thin, with preceding pain. Dark-brown, liquid, stinking evacuations. Nearly involuntary evacuations at night. Soreness of the rectum when riding in a carriage.

Urine.

Frequent but sparing urination, with burning and cutting in the urethra. Painful tenesmus of the bladder. Continued flow of the urine after urinating, and after evacuating the bowels.

Genital Organs.

Inflamed ulcers on the glands, with swelling and heaviness of the vesticle. Running, itching, sycotic ulcer on the margin of the prepuce. Great aversion to coition. Flaccidity of the penis. Impotence. Want of emission of semen during coition. Escape of prostatic fluid before urinating. Catamenia too sparing and too late.

Coryza.

Coryza and stoppage of the nose. Much tenacious mucus like a stopper (pressing upward) in the nose, producing inclination to vomit. Fluent coryza, with burning in the nose.

Larynx.

Dry cough, with sore pain, or sensation of weakness and heaviness in the chest. Cough in the evening, with pain in the breast or throat, excited by speaking; better when resting. Cough, with yellow, greenish expectoration. Want of breath, and short breathing; worse when sitting and walking in the open air; better when lying down. When breathing, darting in the chest and back. Pressure on the breast, as from a heavy weight, with want of breath insufferably increased by bending the head. Pain in the breast, as if it had been torn, or if from ulceration; felt more after lifting. Cutting in the chest, as if with knives, with pain, as if scalded

in the throat ; noisy eructations, and abundant expulsion of flatulency. Darting in the chest. The pain increases by placing the arms close to the chest when lying in bed. Hydrothorax.

Trunk.

Weakness in the small of the back. Excessive pain in the back as if from a bruise. Darting, pressing, rending, and darting in and between the shoulder-blades. Pain in the nape in a room, disappearing in the open air. Stiffness and sore pain in the nape, when bending the head backwards. Arms lame, as if they had been bruised from the shoulders to the hands. Great roughness of the joints of the fingers. Profuse perspiration in the palms of the hands, especially at night. Red eruption of pimples on the back of the hands.

Tension in the buttock, extending to the knees, when walking. The leg is too weak to support the weight of the other when lying. Dry herpes in the knee-joint. Ulcers on the thighs, with excessive itching over the whole body. Arthritic pains in the feet, worse when resting. Inclination to bend the feet inward when walking. Feet lamed frequently.

DR. TURRELL'S REMARKS ON THE CURE OF CROUP.

Translated from the "*Revue Homœopathique du Midi*,"

by J. A. Tarbell, M.D.

ARE there specific diseases ? By what character may they be recognized ? These are questions which are frequently propounded, and to which no satisfactory answers are given, because they are not studied in the right manner, and no solid foundation laid upon which to base a rigorous classification.

This fundamental principle, this axiom, we have in the old aphorism, "*Naturam morborum curationes ostendunt.*" It is through medication that the nature of disease is discovered. In receiving this proposition, the homœopathic school has

strictly defined it, and given to it a scientific value which it had not before possessed.

Hahnemann, in showing to his followers the uselessness of those efforts which are by allœopathy directed solely to the investigation of the nature of diseases, has pointed out a new path by which we may be brought very near to results so vainly sought for by our opponents. We say *very near*; for, not pretending to an acquaintance with the mechanism of disease, that is to say, its mode of formation, the ever-concealed causes which determine, in the human system, the formation of fibrine in excess, the development of tubercles, &c. homœopathy is content with the selection of remedies which act in the most efficacious manner possible against the manifestations of disease. The *summum* of perfection will have been attained when it can with certainty be said that such a medicine invariably corresponds with such a group of symptoms. Thus would homœopathy learn the nature of disease, and it is in this way that she understands the aphorism above cited.

For the followers of Hahnemann, the remedies whose effects studied upon the healthy organism bear the nearest possible resemblance to the morbid symptoms observed, are the specifics of disease, because they cure with certainty. In this view, all homœopathic medicines are specifics; but, as pathological manifestations are usually quite diversified, and so complicated that two diseases seemingly identical to the superficial observer become to the homœopathist entirely distinct, and of course requiring different remedies, it follows that we cannot reverse our proposition, and say that all diseases are specific, since they are cured by particular medicines. We apply this term to those diseased states which, the result of a powerful cause, yet unknown in its essence, require for a cure the same medicines, whatever may be the age, temperament, sex, or moral condition of the patient.

Thus understood, specific diseases are circumscribed within a narrow circle, and we have but a small number to mention.

Syphilis is not a specific disease; for mercury, whatever

may be said of it, is not applicable to all the forms of this disease. The chancre, with edges cut perpendicularly as though with a pair of nippers, and having a greyish ground, is specific, because it is cured by mercury.

Intermittent fever is not a specific disease; for it is not invariably cured by *cinchona*. When it is, however, in its three stages attended with thirst during the chills followed by heat and perspiration, it is specific, because always cured by *cinchona*.

Variola is a specific disease. *Aconite* at first, then an alternation of *sulphur* and *mercury*, sometimes with *rhus*, triumphs over the most severe cases. In the number, yet small, of cases of *variola* which I have treated, none, even of the confluent form, have been followed by permanent variolous marks; for they have been combated by mercury at the period of suppuration.

The true *scarlatina* is a specific disease; *belladonna* is always indicated.

Measles is a specific disease, and always subdued by *pulsatilla*.

Finally, one of the most severe complaints to which children are subject, viz. *croup*, is a specific disease. This affection, so greatly dreaded in allœopathic practice, and so frequently fatal, yields readily to homœopathic measures.

As the season for this disease, sometimes epidemic, has not yet passed by, we will refer to a recent case in our practice as an example of treatment, and in justification of the proposition which has been advanced:—

Gustavus Servan, four years of age, living at La Gard, near Toulon, of a robust constitution and sanguine temperament, was seized, on the 10th of November, 1848, with a violent and hoarse cough, which recurred at frequent intervals, and awakened the anxiety of the parents, who called in the physician of the village. He pronounced it commencing croup, and immediately applied eight leeches to the neck; prescribing, at the same time, tartrate of antimony.

Abundant vomiting was followed by partial relief from the fits of coughing, until the night of the 11th of November, when the boy was seized with a severe croupal cough, and was in imminent danger of suffocation. Excited to vomit by an emetic, and by tickling of the fauces, the child threw off shreds of false membrane. It was better on the morning of the 12th, and the fits of coughing were less frequent; but, at night, they returned with violence; and the physician, who had treated many similar cases unsuccessfully, expressed a desire to consult with another practitioner. I was called on the morning of the 13th.

The little patient was pale and dejected, the respiration whistling; the cough hoarse and hollow; since morning, had refused to take the tartar emetic solution; the pulse was small and rapid. The family despaired of a cure. I prescribed aconite 6-6 in water, a spoonful to be given every half-hour; and left spongia 3-12, to be given one hour after the second dose of aconite.

On the following day, I learned that the night was passed more comfortably than the preceding; the child was less dejected, had slept for several hours, and the fits of coughing had been less frequent and violent. The pulse was stronger, but as rapid as before. Hep. sulph. 3-6 aq. 150 gtts. Spongia tosta 3-6 aq. 150. left, to be given alternately every hour.

On the 15th, I found the child cheerful, disposed to play, and begging for food. The croupal character of the cough had disappeared, and had become simply bronchial; and the physician of the village expressed his surprise in witnessing such striking results from causes apparently so trifling. The catarrhal cough continued a few days, and then disappeared under the influence of *sulph.* 2-30, dissolved in 100 gtts. of distilled water.

Nothing is more simple than the treatment of croup, and nothing more certain in its results. We consider croup as the most perfect type of specific disease, and, if uncomplicated with other diseases, the most easy of cure.

ADDRESS DELIVERED BEFORE THE AMERICAN
INSTITUTE OF HOMŒOPATHY,

AT ITS ANNUAL MEETING IN ALBANY IN 1850.

BY A. E. SMALL, M.D.

GENTLEMEN OF THE AMERICAN INSTITUTE OF HOMŒOPATHY :

After another eventful season of professional toil and research, we are permitted to enjoy the lively and peculiar pleasure of again assembling for the purpose of discharging our anniversary duties.

Nothing short of a commendable zeal in the common cause that engages our attention could have induced so respectable a number to quit their scenes of labor, to journey hither, to participate in the deliberations of this meeting of the Institute.

The year that has past has been fruitful with stirring events connected with the position and prospects of medicine. It is cheering indeed to have another opportunity of exchanging friendly greetings, to listen to an account of the successes, the discoveries, the victories and defeats, that have characterized our professional course during the preceding year.

The purposes and intentions of our association cannot be carried out more effectually than by bringing into the common storehouse of our professional treasures the rich stores of experience that are at hand. The object of our institution is "the improvement of the science of medicine;" and, when we take into consideration the vastness of the interests connected therewith, we are led, as it were by a common impulse, to invoke the blessing of Heaven upon our efforts.

The temple of true medical science rests upon a firm foundation, — upon the rock of eternal truth; and if, in the pursuit of our inquiries, we find that the hand of man has been raised against it, whether impelled by barbaric rage or gloomy superstition, fostered by mere hypotheses and ignorance to repair the spoils, is of necessity among the first works of an enlightened and benevolent age.

The saying has been rife, that amidst the improvements introduced into almost every department of human knowledge, "that pertaining to the healing art, though of the utmost importance to society and mankind, remains in the same imperfect condition as handed down from the dark ages." But we flatter ourselves that the era of this saying is passing away; that the darkness of the gloomy night has past, and the nameless influences of the morning, dawning upon our profession, have begun to be realized.

The discovery of the immortal Hahnemann, of a scientific basis for medical science, supplies a desideratum that in a measure compensates for the deficiency of former ages of medicine; and like the most important color of the artist, with which he adorns, beautifies, and gives perfection to his picture, this discovery will serve as the foundation for the up-building of the true temple of medical science.

Physicians that preceded Hahnemann were industrious, and, to a very great extent, successful, in the cultivation of the sciences of anatomy, physiology, chemistry, and botany, together with the mechanical part of surgery and obstetrics; but, for the want of a guiding therapeutic law, the boldest achievements in these sciences were found of but little avail in the healing art.

It is true they were dragged into the support of theories that successively flourished and withered like the "barren fig-tree," because they bore no fruit. The physiological and chemical theories were, indeed, regarded as their legitimate offspring for a season; but these soon faded and passed into oblivion, utterly failing to establish so sacred a relationship.

Judging from the history of the sects and revolutions in medicine prior to the age of Hahnemann, it may be inferred, that the practice of medicine was like a ship upon the ocean, when the sky is overcast with clouds, without chart or compass; sometimes wending its course in one direction, and sometimes in another, in hopes of gaining her port; alarmed, on the one hand, lest she will be carried forward in an oppo-

site direction to which she intended, and, on the other, lest she be driven upon hidden rocks or unknown shores. Such was the uncertain condition of medicine, until a law of remedial action was discovered, — a single law, destined by its universal application to effect a mighty revolution in the medical world.

To Dr. Samuel Hahnemann belongs the honor of having discovered this law, or rather its universal bearing in medicine. Older authors had alluded to it. Hippocrates, De-tharding, Cardamus, Bertholon, Paracelsus, Stahl, and others, had not failed altogether of recognizing its existence. But its universal applicability in curing diseases was brought to light and confirmed by Hahnemann alone. On this account, we delight to honor him as the father of the specific healing art. He was the first to reduce the practice of medicine to a science, — the first to disclose the guiding principle on which the science is to be built up and perfected.

The principle which Hahnemann discovered is recognized as one of nature's laws, as fixed and unchangeable in its character as the law of gravitation; one that may be relied upon as the great central force that is to work out the improvement of medical science, — an immoveable foundation to build upon. A system of medicine built upon one of nature's laws may go on perfecting itself for ever; but that built upon hypothesis will prove like a house without foundation, built upon the sand, destined to exist but a single day, a week, or year. The various systems of medicine of the allœopathic school have been built up in this manner; hence, from the time of *Æsculapius* until the present day, school has given way to school, and theory to theory, "all alike passing away as the scenic tableau of dissolving views;" and the result is, that allœopathy can claim no advancement in medical science, for she has made none; and, as she exists at present, her boast of age is a fiction. She mourns over the age of the generation that is past, and clings to idols and hypotheses that future generations will discard and disclaim

an identity with, even as the present does with those that are past.

But that system which had its origin with Hahnemann is based upon nature's "law of cure," expressed in the phrase, *similia similibus curantur*, "that medicines will cure such diseases as are similar to those they are capable of producing in healthy persons."

It is a maxim laid down by Hahnemann and his disciples, that the only method of arriving at an accurate knowledge of the powers of a remedy is by experimenting with it upon healthy persons. For instance, hyoscyamus given to a healthy individual in sufficient quantities to bring his whole system under its influence, will produce a kind of mania, characterized by a train of symptoms that distinguishes it from the action of any thing else of the kind. When a patient is suffering from a malady similarly characterized, according to the law *similia similibus*, hyoscyamus is the remedy; upon this identical principle the cure of all diseases depends.

Hahnemann was the first who searched the annals of medicine for a confirmation or a refutation of this law. He sought for plain, unvarnished facts, and not opinions; his labors terminated successfully in disclosing the singular fact, that numerous cures had been performed upon the *similia similibus* principle by allœopathic men, providentially led without a knowledge of any such rule of guidance. This was the case to such an extent that the query arose whether any cures had been performed in any other way. The ultimate conclusion of Hahnemann and his disciples was, that the entire success of allœopathy was to be explained in this way.

The science of medicine, founded upon the law of nature which Hahnemann discovered, is known by the classic and significant appellation of homœopathy, — a term derived from two Greek words, *homoios pathos*, which, when taken together, may be translated, *like suffering, similar disease*. Those who acknowledge the claims of homœopathia to be

regarded as the science of medicine do not view the term as necessarily sectarian, but as expressive of a universal principle, or rather of a principle of universal application in medicine.

This principle is thus simply laid down, that diseases are cured by such remedies as excite similar morbid states or diseases in healthy persons.

Those who adopt homœopathia as the science of therapeutics are no more to be regarded as sectarians than those who recognize the truthfulness of the great law which Newton discovered, that determines the why and wherefore of the movements of the heavenly bodies.

The American Institute of Homœopathy, as its name implies, recognizes the homœopathic principle, *similia similibus*, as the soul of therapeutics, — the basis of a science, “which, though by no means boasting of full and perfect development, claims for itself, and confidently announces, the principle, with its practical application, through which specific remedies yet undiscovered may be multiplied so as to meet the varied forms of disease.”

The discovery of a guiding principle in therapeutics by no means interferes with or renders unnecessary the really scientific attainments of the professor of medicine; but, on the contrary, the sciences of anatomy, physiology, botany, chemistry, surgery, and obstetrics, are claimed as the rightful inheritance of the homœopathic school. A thorough training in these branches, in connection with homœopathia, is insisted upon as the necessary foundation on which to base the practice of medicine.

While it is freely admitted, that, during a period of 2,500 years, many facts were discovered and many just generalizations were made in the collateral branches of medical science, yet, for the want of a guiding principle in therapeutics to form the keystone of the arch, and render them severally subservient to the cause of humanity and mankind, there was a mingling of facts and hypotheses dragged into the support

of systems and theories fraught with the most mischievous consequences to the human race.

The history of medicine up to the time of Hahnemann is a history of individual opinions, sects, and revolutions. It really seems as if Heaven could no longer suffer this state of uncertainty to exist. Under the guidance of divine Providence, the time had seemingly arrived for the raising up of a genius to unlock the seals, and bring to light, out of the labyrinths of the prevailing darkness, the grand desideratum that would establish therapeutics among the positive sciences. For this purpose is homœopathy vouchsafed to man, as being the first and only successful generalization of the curative powers of the *materia medica*, and that under one single comprehensive principle.

We mean not by this remark to abate from the honors justly due to the patriarchs of medicine. We honor the reputed father of medicine as a guiding genius of his age. He certainly deserves a high rank among the physicians of antiquity, as an accurate observer of the natural history of disease, and the effects of remedies. His observation and experience may have been prophetic of what was to be developed after an elapse of "dark ages" for the perfection of medical science; and, were Hippocrates now living, we doubt not his manly form might be seen kneeling at the shrine of medicine, in devout adoration for the revelation of homœopathy from God to man. The same may be remarked of others, who were proud of being his disciples. The facts which these worthies recorded from observation and experience, served as the beacon fires to light up the pathway and guide the genius of the immortal founder of our school.

As the discovery of a few bones of huge dimensions argued to the mind of the skilful naturalist the antique existence of the mastadon and missourium of our own country, and led finally to the perfecting of their skeletons; so the instructive lessons of experience and observation, divested of hypothetical incumbrances, of Hippoc., Galen, Aristotle, Archimedes,

Paracelsus, and others, served as important materials to Hahnemann in rearing that glorious superstructure destined to be elaborated and perfected throughout human duration.

The mere development of the "law of cure" is not enough to ensure its triumph over the errors and superstitions that have so long stalked abroad in the medical world. It serves merely as a foundation to build upon; and, unless there be a settled eternal principle of truth at the bottom, all our attempts to improve the science of medicine will prove abortive. This principle, once gained, appeals to the members of the profession for their industrious aid; and shall the appeal be made in vain? Who will refuse to lend a helping hand? The little that has been effected by individual enterprise points to glorious results, that may be accomplished by the combined energy of the whole profession. Every member stands charged with the duty of furnishing a stone for the temple; a duty that he owes to God and his fellow-men. Nature everywhere furnishes the material for the workman; and nothing but unpardonable indifference to the enterprise, and the "masterly inactivity" that has been so palpably manifest, can hinder the work from going bravely on. The additions to our *materia medica* since the time of Hahnemann will by no means compare with his individual enterprise; a fact that ought to stimulate his disciples to follow in his footsteps, or sting them with bitter remorse. Considering the immeasurable extent of the field for operations, who is there that cannot pluck an untried medicinal plant, and test its remedial powers by numerous experiments upon those in health? Who would foster such indolence, and yet claim to be the disciple of Hahnemann? When we compare what has already been accomplished with what might have been our happiness to realize, do we not feel a sensible rebuke from the spirit of the great apostle of our faith that still lives in our midst? Let not this rebuke be in vain; for a sacred trust has been committed to this Institute, and the responsibility of its faithful execution rests upon its individual members. It is by

the practical application of the great principle given us to build upon, that we can hope for the advancement of our cause.

The building of the distinguished Washington Monument, that at this time fires the hearts of patriots, is an enterprise, made the common cause of the country, to which the States of the confederacy are the contributors; each furnishing a stone, with its insignia carved upon it, as a token or offering in remembrance of the venerable father of his country. Future generations will gaze upon this monument as the united offering of a great national confederacy, to perpetuate the memory of him who was first in war, the first in peace, and the first in the hearts of his countrymen.

In like manner should the purposes and intentions of this Institute be carried out, in the upbuilding of the temple of medical science. The materials should be gathered from the East, West, North, and South, bearing the insignia of the local societies and individuals who are its members. Every proving of a remedy will furnish an additional stone to the temple. The whole will serve the interests of the present and future generations, under the auspices of the same munificent Being that enabled *Moses* to lift up the serpent in the wilderness, for healing of the disease-stricken members of the "house of Israel."

It is by the widest application of great central principles that so much permanency and prosperity is imparted to the various enterprises of the age.

It was not the mere discovery of the principle of the galvanic battery that wrought such changes upon the face of society, but the accumulation of practical results. The principle remains the same, and will throughout all time. But, by operating under the guidance of this principle, a succession of triumphs has been produced, that defies time and space, and affords people living in regions the most remote from each other the facility of intercourse that actual presence can barely surpass. This mighty revolution has been

effected by building upon a single principle, concerning which the electric telegraphs that ornament our country offer the most pleasing commentary.

When Lawrence Koster, an alderman of the city of Haerlem in 1440, was amusing himself by cutting the bark of trees into letters forming the initials of his own name, he is said to have laid them on paper, and, falling asleep, when he awoke observed, that from the dew their form was impressed on the paper. This accident induced him to make further experiment. He next cut his letters in wood, and, dipping them in a glutinous liquid, impressed them on paper, which he found an improvement. He seemingly by accident discovered a single principle, which he began to elaborate into the art of printing, which, since his time, has risen to its present excellence,—the most glorious of human arts,—one that has been the means of forming a new era in the annals of the human race, and in the progress of science, religion, and morals. Its application to the diffusion of knowledge has effected our deliverance from ignorance and error, and furnished us those scientific discoveries and improvements that distinguish the age in which we live. This is certainly a pleasing illustration of the achievement of art reared upon a single principle.

It is said that *Falvio Gioia* constructed the mariner's compass by seizing upon a hint which the loadstone impressed upon his mind. By observing its singular property, and by the invention of an instrument to convert the same to some useful purpose, the coasts of almost every land on the surface of the globe have been explored, and a regular intercourse opened up between the remotest regions of the earth. We are indebted to the property of the loadstone for the discovery of new continents, islands, &c. Such are the mighty results of operating in accordance with central guiding principles, unerring as the source from whence they emanate.

The opponents of the homœopathic school have endeavored to ridicule the idea of there being but a single comprehensive

principle, on which to rear the superstructure of medical practice. But when we reflect that it was owing to the up-building of a superstructure upon the loadstone principle, that our own country was discovered, — that the isles of the East, West, North, and South have been gathered into one great commercial family, and that it was by building upon a single principle that Fulton accomplished an enterprise that has triumphed beyond his most sanguine expectations, we may form some idea of the improvements that may grow out of the discovery and elaboration of a single principle.

By observation, Hahnemann ascertained that a certain drug would produce an effect upon his own person, when in health, resembling the disease it would most effectually cure. This suggested to his active mind that other drugs might act upon the same principle. He sought to inform himself upon the subject, and found to his entire satisfaction that the principle was the universal law of remedial action: others, following in his footsteps with similar experiments, came to the unanimous conclusion that *similia similibus curantur* was the only “law of cure.” This, then, is the grand principle to build upon. The little that has already been accomplished in rendering the superstructure what the great Giver of all good would have it become, is only the first germ of the seed, promising to grow into a majestic tree, that neither the errors nor the follies of mankind can uproot or overturn.

The more this tree is pruned, the more wide-spreading and lofty will its branches shoot forth, in bold defiance of the storms of wrath and ridicule that have been directed at the young scion to check its incipient growth.

It was in view of this distinguished law of nature which Hahnemann discovered, not that he made, that homœopathia found its way into medicine. Before the time of Bacon, men invented laws for nature, instead of inquiring of her by what laws she wrought. Since his time, genuine lovers of science have been interrogating, instead of dictating to her; and the result of this inductive process is the complete revolution of

the scientific world. By the most rigid induction concerning the general law of life, not only as manifested in health, but as interrupted by disease, have the facts been collected on which the science of homœopathia is founded. Hahnemann and his disciples have rigidly adhered to the inductive method, in establishing the *rationale* of their therapeutic law. By the most elaborate experience, they have proved that a medicine will remove a group of symptoms similar to the group it is capable of producing. The law has been confirmed alone from observation and experience.

Sceptics, who set their faces against homœopathy and ridicule its pretensions as a science, may not be aware that it rests upon a similar foundation to that of any other science. It rests upon facts recorded by thousands of observers and experimenters in medicine, both before and since the time of Hahnemann. The province of science is to chase crude absurdities, superstitions, and imaginative theories, from the pale of its dominion.

This we can establish by analogy. The science of zoology is founded upon facts elicited by observation ; and already it has hunted krakens, phœnixes, unicorns, and vampires from the animal kingdom. The science of astronomy has a similar foundation ; and, since established by the inductive method, pestilential comets, war-portending stars, and the terrors and follies of astrology, have been swept from the sky. The science of chemistry, founded upon observation and experiments, has covered with disgrace the notion of charms, philters, universal remedies, and the philosopher's stone, and consigned them to ridicule and contempt. And a knowledge of facts, concerning the operations of nature in general, "has banished fairies, gnomes, ghosts, and witches from respectable society. With equal certainty we may predict, that a knowledge of facts on which to found the science of medicine will drive from her domain the cumbrous accumulation of theories and speculations which forms at least four-fifths of the so-called medical literature of the age, and consign them

to their merited doom among the superstitions of the dark ages.

By the term *science* is understood a certain knowledge of facts and principles. To establish the claims of homœopathy to be regarded as one of the sciences of observation, we have only to examine the evidence on which it rests.

Let it be first understood that homœopathy addresses itself to the vital forces, — forces that may generate either health or disease. When these forces are in perfect equilibrium, the product is health: when interrupted by abnormal influences, and the equilibrium destroyed, the product is disease.

In order to ascertain or become familiar with the effects of a remedy, it is necessary to observe its simple action upon the living organism, uncomplicated by the presence of any morbid influence. This course is the only method of acquiring a knowledge of its specific action. Hahnemann commenced his analysis of remedies in this manner; and, by extensive experience and observation, he found that each remedy would produce a group of symptoms that determined its specific action in the cure of disease upon the *similia similibus* principle. To render this law of curing diseases extensively available, it became necessary that a new *materia medica*, embracing the science of pathogenetics, or the provings of medicines upon the healthy, of diverse ages, sexes, temperaments, and constitutions, should supersede the old ones.

Fortified by the opinions of many distinguished contemporaries and predecessors, and by their own devotion to truth, Hahnemann and his followers have accomplished a work, within the period of sixty years, unparalleled in the history of medicine. They have produced a *materia medica* vastly richer than all the collections of the allœopathic school, either ancient or modern; and, what is no less remarkable, they have introduced improved modes of preparing medicines, as well as a more certain method of determining their qualities or properties in connection with the properties of disease.

All of this has been effected by the accumulation of results, by operating upon the single principle that this institution recognizes as the corner-stone of medical science.

But the work is not completed. Our *materia medica* is far richer in prospect than it now is. The illimitable resources of nature are yet to bestow their contributions, till the hopes of mankind are realized in the possession of remedial means that will prove a full and perfect antidote to all the physical ills of life.

Under the guidance of our therapeutic law, we may advance the *materia medica* towards perfection. The temple we are building being founded upon the rock of eternal truth, every stone we add is placed there to remain for ever; every addition made upon the true principle will render available the instruments of relief that a merciful Providence has provided for the comfort and consolation of the human race.

With these things in view, we may hope to gain something by our deliberations, and each successive meeting of the American Institute may add a new story to the temple.

When the members of a learned profession assemble for the purpose of improving a science that distinguishes them from the rest of mankind, and one that pre-eminently qualifies them for usefulness in society, it is expected, at least in modern times, that a careful interrogation of nature will prove the most efficient measure in promoting the end in view.

By pursuing a course in opposition to this, of dictating and laying down laws for nature which she never can own, and of explaining her phenomena on principles that never existed, all our efforts at improvement will be found unavailing. Every thing in the material universe is subject to unchangeable laws. It is our privilege to discover and understand them; for, so far as we understand the laws of creation, we become invested with the Creator's power. So far as we interrogate nature for her law of cure, we are able to bring all medicinal agents under its action, so as to produce the most

beneficial results. When the knowledge of a law enables us to decide upon a remedy for the cure of disease, it becomes the medium or channel through which nature, or nature's God, operates for the preservation of man. The physician can only minister; God heals, but in accordance with his own laws. The venerable Ambrose Perry, with all his success as a surgeon, still asserted with becoming humility, "that he only dressed the wounds of his patients, while the Lord healed them." But it may be remarked, that all diseases not incurable may be cured by the administration of remedies guided by nature's own law, and not by any other, because nature has no power except in accordance with her own laws, which of themselves are but an emanation of divine power.

The community has for many years been importuning the profession in various ways for some redress for the injury and wrongs she has sustained on its account. She has demanded this redress in the shape of improvement; she has demanded science, instead of the ceaseless jargon of theories; she has demanded remedies, instead of compounds of unknown powers; she has demanded something to remove suffering, instead of that which inflicts it, — health instead of disease. She positively refuses any longer to sacrifice the life's blood of her subjects to the caprice of opinion, or their symmetry of form to the shocks of blisters, moxas, setons, &c. Has the allœopathic school yielded to these entreaties? — has any improvement been attempted? Certainly; improvements have been attempted, but without any marked success. Large meetings have been convened, and stringent regulations have been adopted — for what? For interrogating nature concerning her method of cure? No; but to detail other theoretical methods that nature has had nothing to do with, — theories that accord, and those that rebel; a new jargon, to supersede the old one; cold water, and the expectant treatment, for young physic; and cod liver oil for a universal panacea. These conventions have done more: they have decided, by laws of their own making, not to coun-

tenance charlatanism, or lend any encouragement to "*notoriously irregular practitioners.*" But how does the science of medicine stand after these effective measures for improvement? The same as it has done for centuries, without any advancement: the same uncertainty — the same ignorance of any law of nature to guide their efforts — the same compounds of opposing ingredients, have their usual places in the dispensaries. Years may roll on and multiply upon this condition of things, without advancing the science of medicine at all. But ask of nature a revelation of her therapeutic law, to lead, guide, or direct, and the result will be the improvement desired. Hahnemann pursued this course; and, with a limited number of remedies, he brought forth the first-fruits of the law. He opened upon a wide field for labor and observation; the law directs to new agents for relieving the multiform manifestations of disease, and well-directed efforts cannot fail of improving medical science.

Thus far even, the science of medicine has been improved so as to produce highly beneficial results. A great change has been effected since the recognition of a "law of cure;" new modes of preparing remedies have been successfully introduced.

The first suggestion of the principle was to discard the compounding of several similar and opposite drugs together, because they never furnish an opportunity of determining the result of their joint action upon the living organism. Therefore only one medicine should be administered at a time, in order to ascertain correctly its specific powers: pure medical experience can be gained in no other way. Therefore it is an axiom founded upon the law of cure, "that there is no other method of determining the powers of a remedial agent, than by trying its action singly upon persons in health." This is the ordeal to which all remedies must be subjected, before their application in the cure of diseases can be known.

The effects of a remedy upon a healthy person do not determine the size of the dose necessary to be given to the dis-

eased. Observation teaches that the ordinary doses administered upon the *similia similibus* principle often produce unwarrantable and unnecessary aggravations, dangerous to the patient. Therefore the idea of attenuating medicines suggested itself as likely to obviate this difficulty; a conclusion at once rational, and supported by experience. If a medicine be selected for administration, on account of its effects upon the healthy, resembling so nearly those of the disease, the inference is, that the remedy acts upon diseased and highly sensitive organs, and is therefore capable of producing appreciable and marked results in infinitesimal quantities; *e.g.* when the human organism is in health, and all the functions thereof in a healthy condition, it has the greater power of resisting the influence of deleterious agents; but when diseased, and the functions disordered, there is evidently an increased susceptibility to the action of foreign influences. The healthy eye may be able to resist the influence of a glare of light, that might otherwise, if the eye were rendered sensitive by disease, produce intense suffering, and even blindness.

A healthy stomach may not suffer materially from food of difficult digestion; but a sensitive and inflamed condition of the organ might be unable to bear the simplest diet.

A blow upon the sound flesh, of considerable force, might occasion no injury or pain; but upon a furunculus, the pain might be excruciating, and even unbearable. It is therefore highly proper to take the difference of the two states into consideration, when determining the size of doses. For on this principle a very considerable quantity might produce no very marked effects upon a healthy individual, while a quantity scarcely appreciable might produce the very opposite upon one diseased. There is no absurdity, therefore, in the doctrine of infinitesimal doses, since we have ample and sufficient reasons for their use, and find no difficulty in accounting for their action.

When considered merely in a chemical or mechanical point of view, the action of inappreciable atoms is consid-

ered impossible, and to maintain the affirmative is considered absurd and ridiculous. But the whole system of homœopathy addresses itself to the vital forces. No chemical test or mechanical measurement can determine the dimensions of an entity that may influence or modify them. Were we to consult the oracles of living nature, we should find that all her operations indicate the appreciable action of infinitesimal atoms. By adverting to the analogy of inappreciable entities, making sensible impressions upon living forms, we may find some corroborative proof of the action of infinitesimal doses.

Vitality has nothing to do with chemistry, mechanics, or arithmetic, only to call them into requisition, as servants, that must obey. Chemistry cannot tell the affinity that exists between the elements of living tissues; mechanics cannot disclose the amount of life that a little nerve may convey from the brain to one of the extremities; and it defies the powers of arithmetic to determine the reduction the aliments must undergo before they become animalized or vegetableized, so as to become a part of the living economy.

The seeds of certain plants may be planted in sea-sand or shot, and receive no nourishment except what they derive from distilled water and the atmosphere, and they will germinate under the heat and light of the sun, and grow to maturity; elaborating for themselves out of the water and the atmosphere all their nutriment, arranging and composing their own structures; and, if the growth thus produced be carefully analyzed, earths, alkalies, acids, metals, carbon, sulphur, phosphorus, nitrogen, &c. may be obtained nearly the same as if they had grown in their natural soil.

Here is a fact, with regard to vegetable growth, that any one may establish for himself. No arguments against the inefficiency of the nourishment contained in the distilled water can avail any thing. No matter if the arithmetic is consulted to show the utter absurdity and impossibility of atoms producing such a result: no nice calculation about the exceeding

minuteness of the atoms, that one of them is the fractional part of a grain, whose denominator would require a string of figures to express it that would outnumber the sands of the desert, would avail any thing against the fact here adduced. Plants are nourished by rain-water, and they grow into majestic trees; and no one can deny but this result is the product of dynamic forces, of entities that cannot be weighed or measured.

In the Botanic Gardens of Edinburgh are two different species of the fig-tree, that subsist alone on the atmosphere, — the *ficus australis* and the *ficus elastica*. These plants, says Dr. Turner, derive all their nourishment from light and atmosphere.

A specimen of the *ærides* grows in Java and the East Indies, beyond the Ganges, called the epidendrium, having no roots, or any perceptible organs of nutrition, that subsists entirely on what it derives from the air. It is said by an eminent writer, that it is common for natives to pluck this plant on account of its elegant leaves and beautiful flowers, and its exquisite odor; to suspend it from the ceilings of their dwellings, where from year to year it puts forth new leaves, blossoms, and fragrance, depending alone for its support on the air.

In this example we perceive the air, with light and heat, becomes a medium to the vital forces of conveying the inappreciable material, that is converted into fluid and solid vegetable substance, form, and fragrance. If this matter be carefully analyzed, it will afford many of the elementary forms of matter, which the chemist cannot detect either in the light or atmosphere.

These examples might be multiplied *ad infinitum*; but enough has been adduced in proof of entities making tangible impressions upon living forms, that infinitely transcend the powers of arithmetic, chemistry, or mechanics to detect; and here it may be said, that it is a profanation of the highest powers of arithmetic to prostrate them to so vile a purpose

as our opponents do, in attempting to show the impossibility of atoms exerting such an influence upon vital forces.

The mere contemplation of the vital forces may afford salutary lessons respecting the action of medicinal entities, that cannot be weighed or measured. What may appear great or small to us, when mechanically considered, affords no means of determining their precise influence upon the living organism.

The greatness or smallness of the seeds of vegetables is a mere *lusus naturæ*. The seeds of the lichen and fungus elude the eye, and float invisible in the circumambient air. It requires no proof, that in a seed so minute as to defy the powers of the microscope to detect, is contained a vital force, that, when acted upon by dynamic influences, may produce a vegetable. In the embryo of the acorn exists the force that may be developed in producing the largest tree of the forest. The inherent vital forces are those acted upon by certain inappreciable agencies in producing such sublime results. If influences that cannot be determined upon ordinary principles produce entire beings, it is difficult to avoid the conclusion that similar atomic influences may modify and change the vital forces.

The principle once admitted of there being a vital dynamism, which has obviously been recognized by the erudite and critical observers of nature, then remains but little difficulty in admitting that the most active agents in nature are imperceptible entities, which, like electricity and magnetism, have neither odor, color, nor dimensions. Entities that pervade all things without being seen, that govern all things without being perceived, and penetrate everywhere without being known, — agents of life, of health, of disease and death, are disseminated everywhere throughout immensity of space, under the graceful forms of flowers, and other insignia of these influences.

The vital forces create, preserve, produce disease and pain; and, in order to complete the circle, we must not refuse to add the dynamic therapeutics.

There is no necessity of characterizing medicinal agents as emetics, cathartics, diaphoretics, &c. in order to express their legitimate effects; for articles given, to produce the corresponding phenomena, may and do have a dynamic influence upon the forces of life; and in ascribing this influence to the essential medicinal virtue of the drugs, we have less hesitation than the other. For when an emetic, for instance, is thrown into the stomach, a struggle may be induced amounting to vomiting, in order that the stomach may rid itself of the incongruous burthen. The whole may be ejected at once, and spewed out of the mouth, while a virtue is left behind to operate in the system for hours. This latter effect may indicate the real medicinal quality of the drug. The modification of the vital forces by inappreciable medicinal entities is in no degree less apparent than the effects of those which Buffon, Newton, Laplace, and other votaries of science, noted as existing everywhere in the universe.

The microscope has brought to light much that was inappreciable and unknown. It discloses every particle of dust upon a butterfly's wing to be a beautifully organized feather; every hair of the head, a hollow tube, with bulb and roots, furnished with a variety of filaments. It shows the pores of the skin, through which the perspiration flows, are so numerous and minute that a grain of sand would cover 125,000 of them.

By its aid, also, may be seen animated beings in certain liquids, so small that 50,000 would not equal the size of a mite, and yet each of these creatures is furnished with mouth, eyes, stomach, blood-vessels, and other organs for the performance of the animal functions; every drop of water taken from the Hudson is a world teeming with thousands of inhabitants; every little particle of mould is a forest of trees and plants, and the branches, leaves, and fruits can be plainly distinguished. These revelations may serve, in some measure, to impress upon the mind the illimitable descent of the vital forces of nature; and when we consider that these forces

are re-acted upon by those that preserve and sustain, we may no longer doubt the possibility of the dynamic power that may be set free from medicinal agents by trituration and dilution. The nutritive power of food is developed by similar processes, carried on constantly in the living economy.

Trituration of medicines with some neutral material develops their real power. This is a truth well known concerning mercury. The crude material is nearly neutral; but, when triturated with conserve of roses, it forms the blue pill, and a grain of the compound is known to possess more medicinal power than an ounce or a pound of the crude material. To this I might add, that nature everywhere indicates this method of developing medicinal power; and, on this account, Hahnemann and his disciples have introduced trituration and succussion, as nature's mode of preparing medicines. The plain deductions of science and the reflection of experience go to prove, that any substance capable of serving the living economy must first be divested of its primitive form and material encumbrance. Thoroughly convinced of these things and of the action of impalpable quantities, relying upon the testimony of nature, the physician may proceed conscientiously to prepare and administer them in accordance with the therapeutic formula, which forms the true basis of the "healing art."

It will be seen that medical science, founded upon the great principle acknowledged by this Institute, viz. that medicines will cure those maladies that are similar in character and kind to those they are capable of producing in healthy persons, embraces the following subordinate principles:—

1st, That each medicine must be prepared by itself, with the greatest care; and, after the pure crude material is obtained, its medicinal virtues must be obtained by triturating it, in definite proportions, with some neutral substance; or, if the medicine be a liquid, it must be diluted by the aid of a neutral liquid with which it is mixed in definite proportions, and its powers developed by succussion.

2d, In proving a medicine, it must be given uncombined with any other medicinal agent, in sufficient quantities to produce a perceptible effect upon healthy individuals; which effect is minutely noted, as disclosing the powers of the remedy.

3d, The changes, modifications, or symptoms produced upon the healthy organism, are the only means by which we can arrive at a perfect rule for the administration of a remedy to the sick.

4th, That disease is an interruption or modification of purely vital forces, that can only be met and overcome by forces as inappreciable as those that produce the diseased action.

5th, Only one remedy must be administered at a time; for compound medicines are regarded by the homœopathic school as uncertain agents.

6th, That medicines must be sufficiently attenuated to be administered upon the *similia similibus* principle, without producing unnecessary aggravations, that may prolong suffering, and multiply the chances of fatal results.

These are some of the subordinate principles of homœopathy. And when we consider the great step that has been taken to relieve human suffering, by subtracting therefrom the amount which over-dosing with medicine alone communicates, together with the abridgment of the natural duration of diseases, we can but pronounce a verdict in favor of the system. The reign of ridicule against homœopathy has passed its culminating point, and already it manifests itself as the offspring of narrow-minded bigots, who seem better qualified to dispense stale wit than to bestow a liberal investigation upon the true principle of dispensing medicines. The character of Hahnemann and homœopathy is beginning to be known; and the day is not far distant when it will be as impossible to gain professional eminence and support, without a practical knowledge of its principles, as it has been without a training in the other branches of medicine.

In conclusion, I will remark, that the advocates of homœopathy charge no dishonesty upon the allœopathic physicians for what they may have said or written against Hahnemann and homœopathy. They are excusable, on the ground that Hahnemann was so far in advance of them, in all that pertains to medicine, that the immense distance could only present him as a dwarf, and the system of medicine which he propounded could but seem too ignoble to merit a fair and candid consideration. Were a breeze from heaven to sweep away the mists of allœopathic ratiocination, and disclose its utter degradation, and place the profession in a position to advance, every step would increase the image of the stature of Hahnemann upon the retina of its vision; and, if fortunate enough to attain the advance-position which he occupies, his giant intellect and manly form will inflict a sense of humiliation that many years' toil and research will hardly be able to wipe away, and then will the beautiful features of homœopathy appear in contrast with those of allœopathy, that have sent terror home to many a heart. The day of these things will surely come; the fiat of eternal truth has gone forth, for the purpose of conferring immeasurable benefits upon mankind.

PROCEEDINGS

OF THE

AMERICAN INSTITUTE OF HOMŒOPATHY.

Albany, June 12, 1850.

1. The American Institute of Homœopathy met at the City Hall, at ten o'clock, A.M. and was called to order by the General Secretary.

2. EDWARD BAYARD, M.D. of New York, was unanimously elected *Chairman of the Convention*.

3. The Chairman, on taking his seat, immediately resumed the order of business, as laid down in the by-laws.

4. A. E. SMALL, M.D. of Philadelphia, was re-elected *General Secretary*.

5. G. W. SWAZEY, M.D. of Springfield, Mass. was elected *Provisional Secretary*.

6. S. R. KIRBY, M.D. of New York city, was re-elected *Treasurer*.

7. On motion of Dr. Kirby, the Institute proceeded to the election of new members; and the Chairman of the Committee on Elections reported the following names of gentlemen who had complied with the requisitions of the constitution:—

Frederic Vanderburg, M.D.	. . . .	New York city.
George Beakley, M.D.	. . . . .	New York city.
Horace Paine, M.D.	. . . . .	Albany, N.Y.
G. W. Bigler, M.D.	. . . . .	Hagerstown, Md.
Elias Foote, M.D.	. . . . .	New Haven, Ct.
William Peck, M.D.	. . . . .	Cincinnati, O.

Dr. Durfee Chase	Palmyra, N.Y.
J. K. Clark, M.D.	Worcester, Mass.
George T. Foote, M.D.	Syracuse, N.Y.
John Wheeler, M.D.	Cleveland, O.
Benjamin Ober, M.D.	Wilkesbarre, Pa.
Dr. David Springstead	Albany, N.Y.
Washington Hoppin, M.D.	Providence, R.I.
Simeon A. Cook, M.D.	Troy, N.Y.
Frederic Humphreys, M.D.	Utica, N.Y.
Henry Cole, M.D.	Pittsfield, Mass.
Benjamin F. Cornell, M.D.	Moran Station, Saratoga County, N.Y.

The report of the Committee was accepted, and each of the gentlemen reported was unanimously elected a member.

8. The minutes of the last meeting were read by the General Secretary, and approved. The roll was called, and about eighty members answered to their names.

9. Dr. Flagg, the Chairman of the Committee on Anatomical Nomenclature, offered a report, which was accepted, and laid on the table till to-morrow morning.

10. Dr. Williamson, Chairman of the Committee appointed at the last session to report upon the cholera at the present session, made a verbal report to the effect, that the Philadelphia Branch, of which he was a member, in answering the queries propounded to the branches by the Parent Institute, had embodied in their reply, in substance, what would otherwise have been embraced in the report of the Committee. The report was accepted, and the Committee discharged.

11. The annual report of the Philadelphia Branch was read by Dr. Jeanes, and accepted. Accompanying the report were letters from Drs. James Kitchen, Richard Gardiner, William S. Helmuth, Joseph Berens, C. B. Matthews, Jacob Jeanes, and Walter Williamson, on the subject of cholera. (See APPENDIX I.)

12. Reports of Drs. Bayard on counter-irritants, and J. F.

Gray on the translation of Hahnemann's "Materia Medica Pura," were called for, but were not presented.

13. On motion of Dr. Beakley, the Committee on the translation of Hahnemann's "Materia Medica Pura" were discharged.

14. The annual report of the New Jersey Branch was read and accepted. Accompanying this report were letters from Drs. Andrews and Petherbridge. (See APPENDIX II.)

15. The Committee on Medical Education reported progress, and were continued, with instructions to report at the next annual meeting.

16. The Secretary was instructed to procure of the widow of the late Dr. Snow, if practicable, his article on water as a therapeutic agent, for publication in this number of the Journal. (See APPENDIX III.)

17. Dr. Gregg, in behalf of the Massachusetts Homœopathic Fraternity, reported that its proceedings intended for this meeting had been misdirected, and were in the hands of the editor of the Homœopathic Quarterly.* (See APPENDIX IV.)

Afternoon Session, 4 o'clock, p.m.

18. The journal of proceedings of the morning session was read, corrected, and approved.

19. The Institute resumed the regular order of business, and the Chairman proceeded to appoint the Standing Committees. F. R. M'Manus, M.D. of Baltimore; B. F. Bowers, M.D. of New York city; C. Whitehead, M.D. of Harrisburg, Pa.; David Osgood, M.D. Boston; E. Clark, M.D. Me.; were re-appointed the Committee on Elections.

20. Constantine Hering, M.D. Philadelphia; J. Jeanes, M.D. ditto; C. Neidhard, M.D. ditto; Walter Williams, M.D. ditto; J. Kitchen, M.D. ditto; were re-appointed to constitute the Central Bureau.

* This is a mistake. No "proceedings" were handed for publication in the "Quarterly," but merely a table of cholera and dysentery cases. — *Ed.*

21. A. E. Small, M.D.; J. Jeanes, M.D.; and G. W. Swazey, M.D. were re-appointed a Committee, to which shall be referred communications intended for the Institute.

22. Dr. C. Vanderburg, of New York city, by request, read a paper before the Institute, for which he received a vote of thanks.

23. Dr. Kirby moved that the order of business be suspended, for the purpose of enabling him to offer a resolution, which was carried.

24. Several resolutions were introduced and discussed relative to instructing the Committee on Elections and the Publishing Committee, pending which the Institute adjourned to meet at 8 o'clock, P.M.

Wednesday Evening, 8 o'clock, p.m.

25. The Institute met; the journal of the afternoon proceedings was read and laid upon the table, for the purpose of hearing the Annual Address.

16. The Chairman introduced Dr. A. E. Small to the highly respectable and intelligent audience of ladies and gentlemen who had assembled to hear the address, which he proceeded to deliver.

27. The thanks of the Institute were presented to Dr. Small for his able and interesting address; and a copy was requested for publication, with the transactions of the Institute.

28. Adjourned to meet at 9 o'clock to-morrow morning.

Thursday, June 13, 9 o'clock, a.m.

29. Minutes of two preceding sessions were read and approved.

30. Dr. William E. Payne offered the following resolution, which was carried unanimously: "*Resolved*, That candidates who may be hereafter admitted to the membership of the American Institute of Homœopathy, who have received a diploma from some regularly established medical college or

institution, legally authorized to confer such degree, shall have the title of M.D. affixed to their names in all publications of the Institute ; and all who have not such degree of Doctor of Medicine, but are eligible to membership according to the seventh article of the By-laws, shall have prefixed the title of Dr. ; and the Committee on Elections are hereby instructed to so report their names to the Institute."

31. The Treasurer made a report, which was accepted. (See APPENDIX V.)

32. On motion of Dr. Swazey, the report of Dr. William E. Payne, on the employment of emetics and cathartics, read before the Institute at a previous meeting, be published as a part of the proceedings in the present journal. (See APPENDIX VI.)

33. On motion of Dr. Jeanes, the thanks of the Institute were presented to Dr. Flagg, Chairman of the Committee on Anatomical Nomenclature, for the service he has rendered in preparing the first outlines of the Topographical Anatomy, &c.

34. Dr. Foote was appointed a Committee to revise rules of order, so far as they relate to the order of business, and report at the next meeting of the Institute.

35. Drs. Beakley, Neidhard, and Kirby, were appointed a Committee to procure the translation of Hahnemann's "Materia Medica Pura" into the English language, without holding the Institute responsible for the expenses of said translation.

36. Drs. Barlow, Kirby, and Small were appointed a Committee on the Cholera.

37. Dr. Ward moved the adoption of the following resolution, which was carried : "*Resolved*, That, in the opinion of this Institute, all methods of arriving at the curative properties of a drug, except by means of its pathogenetic effects, are uncertain."

38. Dr. Bowers moved the adoption of the following resolution, which was carried : "*Resolved*, That, in the death of

R. M. Snow, M.D. John Taylor, M.D. Albus Rea, M.D. Moses Atwood, M.D. Geo. W. Cook, M.D. and others, we deplore the loss of highly esteemed and efficient co-laborers in the important work for which we are associated.

39. The thanks of the Institute were presented to the Common Council of the city of Albany, for their kindness and courtesy in allowing it the use of the City Hall; and to the homœopathic physicians of Albany, for their politeness and attention during the meeting.

40. The thanks of the Institute were presented to the Chairman, for the faithful, efficient, and impartial manner in which he had presided over the deliberations of the meeting; and also to the Secretaries, for the faithful discharge of their respective duties.

41. On motion of Dr. M'Manus, the editors or publishers of the several homœopathic periodicals in this country were respectfully invited to publish the journal of proceedings of this meeting and the address of Dr. Small.

42. Moved that the proceedings of the Institute be published in pamphlet form, and a copy be sent to each of the members. Carried unanimously.

43. G. W. Swazey, M.D. of Springfield, Massachusetts, was appointed to address the next Annual Meeting of the Institute.

44. The Institute adjourned to meet the second Wednesday of June in 1851, at 10 o'clock, A.M. at New Haven, Conn.

A. E. SMALL, *Gen. Secretary.*

APPENDIX I.

Annual Report of the Philadelphia Branch.

THE Philadelphia Branch of the American Institute of Homœopathy, in fulfilment of the duties which it owes to its parent society, presents this Annual Report of its proceedings, including the answers to the interrogatories proposed to the branches at the annual session of the Institute in 1849 : —

The members of this branch have been so generally and constantly engaged during the past summer, when the business of the physician was rendered more than commonly arduous and pressing by the prevalence of the cholera, that meetings could not be held to advantage ; and a similar pressure of business, almost equally severe, during the winter, has been attended by the same result.

The consequence is, that our bureau has been inactive, and no communications have been made by us to the central bureau in the past year. But we believe that the experiences formed and the knowledge attained within this time, may, at a future period, enable us to present to the Institute more satisfactory and useful reports.

At present, we must be satisfied with presenting our answers to the interrogatories ; and first to that “Of how many members does your branch consist ?” — Ans. Our branch consists of twenty-five members, although there are about twenty-five other prominent physicians within our limits. — Ques. 2. “What extent of territory does your branch include ?” — Ans. It may be said to extend about 50 miles along the west bank of the Delaware river, and interiorly from said river about 10 miles ; giving a territory of

about 500 square miles, within which are situated the city and districts of Philadelphia. — Ques. 3 and 4. “Has the Asiatic cholera visited your section the last year? Has epidemic dysentery prevailed? and what remedies have been most successfully employed in these diseases?” — Ans. The subjects are so connected, that the answers are necessarily so, and are as follows: The cholera commenced with us about the latter part of May, and continued until September. According to the reports of the Board of Health, there were 1,012 interments, within the bills of mortality, of persons who died with cholera from the 30th of May to the 8th of September. Of these, 105 occurred in the first 32 days of this period; 680 in the next 28 days, that is, from the 30th of June to the 28th of July; and in the last 42 days, that is, from the 28th of July to September 8th, the number was 227. Thus,

In the first 32 days, the average per day was nearly						3.3.
In the next 28	„	„	„	„	„	24.3.
„	„	42	„	„	„	5.4.

The average, for the whole period of 102 days, was about 9 per diem; of this number of 1,012, the males were 540, the females 472; but from the 30th of June to the 21st of July, the proportion was reversed, so that the mortality among the females was 1-16th more than among males. Of 747,

366	died at their homes.
111	„ at the several hospitals.
229	„ at the Blockley Almshouse.
20	„ at the County Prison.
1	„ unknown.
<hr/>	
747	

Allowing the same proportions to have had place with the 1,012, the number who died at their own residences was about 522.

Of 2,141 cases of cholera reported to the Board of Health, 747 died ; a proportion of more than one-third. But when we recollect the great outcry against physicians for reporting too many cases of cholera, we can readily understand that many very serious cases of the disease would not be reported, although they only fell but little short of presenting all the signs which indicate the near approach of death in this disease. We believe that the alarm in relation to cholera, and even the mortality from this disease, to have been considerably augmented by the practice of demanding for a case of cholera the presence of a complex of symptoms and appearances, which were far from being complete even in most of the fatal cases. It would be much nearer correct to consider every diarrhœa, at least every watery diarrhœa, occurring during the prevalence of the epidemic, as a case of cholera. For what were the cases of admitted cholera a few hours before collapse, but those of a watery diarrhœa ? If these cases had been thus reported, we should have had probably over 20,000 cases, with 747 deaths. The panic would not then have been so great ; and everybody — knowing that the diarrhœa was the disease, of which, if they paid timely attention to it, there were 19 chances out of 20 they would recover — would not have neglected it, whilst dreading the attack of a horrible disorder which was to seize them suddenly, and from which there was but one chance out of three of escaping. Allowing the population of the sections from which our Board of Health received their returns to have been 300,000, the proportion of those who died at their homes was not two out of every thousand ; and, taking the whole mortality, it was but about three out of every 1,000, — a mortality which is by no means very alarming.

There were situations, however, where, in a limited space, the mortality was frightful. Thus, in the Blockley Almshouse, the inmates were nearly decimated ; and in the almshouse of a neighboring county, about 30 miles from

Philadelphia, over 75 per cent of the inmates died in the course of a few days.

With regard to the character of the cholera of 1849, as compared with that of 1832, those of our number who were in practice at both periods consider it as nearly identical. Some think, that, in the epidemic of 1849, the discharges more frequently exhibited a greenish or yellowish tinge than in the epidemic of 1832. From the reports of our members, we are satisfied that the success of the homœopathic greatly exceeded that of any other mode of treatment. For further particulars as regards the homœopathic remedies employed, we refer to the accompanying communications from our members.

During the prevalence of the cholera, the dysentery greatly prevailed; it often proved very severe, and in many cases fatal. In January of 1849, the cholera-influence decidedly existed in Philadelphia at the same time that it appeared at the Lazaretto in Staten Island, and still more decidedly during the month of May in this year.

That the cholera-influence had been gradually advancing and growing among us, for some years before the development of the cholera as an epidemic, might be inferred from the following report of the Board of Health, of the mortality from choleroïd diseases, from the last of May to the early part of September.

From 1846 to 1849 inclusive, the deaths during June, July, and August, were as follows: —

Years.	Dysentery.	Diarrhœa.	Chol. Morb.	Chol. Inf.	Total.
1846 . .	37	55	12	272	376
1847 . .	87	83	15	367	552
1848 . .	163	63	25	388	639
1849 . .	337	137	62	512	1048
Add to the above for cholera in the period in 1849 .					1012
Gives for the number of deaths from cholera and choleroïd diseases					2060

Having thus answered its questions, this is respectfully submitted to the American Institute of Homœopathy, as the report of its Philadelphia Branch.

(Signed) A. E. SMALL, *Secretary.*

Attest, W. WILLIAMSON, *Chairman.*

Letter from Dr. Jacob Jeanes.

To the Philadelphia Branch of the American Institute of Homœopathy.

During the epidemic cholera of 1849, which prevailed here in the months of June, July, and August, I treated about sixty cases of choleroïd disease, attended by diarrhœa of a dangerous character; besides, a much greater number of cases where there was considerable disorder from the operation of the epidemic agent, but where the diarrhœa was comparatively trifling, or not present.

Many cases passed from the diarrhœal to the dysenteric form, while there were many cases of dysentery which commenced without marked cholera diarrhœa.

The deaths, in my practice, during the above-mentioned period, from acute diseases, were four, viz.: One in a typhus condition, eight days after the suppression of the discharges; two from dysentery; one from typhus fever, not preceded by choleroïd disease, which terminated in myelitis.

The first-mentioned case had been previously attended, for hours before my being called, by physicians who pursued allœopathic practice.

One of the cases of dysentery I did not see until after he had been sick for several days. The other commenced with severe cholera diarrhœa, which passed into dysentery, and proved fatal about the eighth day.

In the treatment, I found, besides the *veratrum*, *cuprum*,

and other remedies known to homœopathic physicians as the proper remedies in cholera, that the tartar-emetic often proved very useful. This remedy is peculiarly adapted in cases where there are eructations or vomitings, with an offensive taste similar to the odor of putrid eggs; but both its pathogenesis and experience, *ab usu in morbo*, justify its employment in cholera in many cases where the above-mentioned symptoms are absent.

The *natrum muriaticum* was sometimes indicated, and proved useful; but it did not appear to be as useful in the cases of epidemic cholera as I had found it in the sporadic cases of other years.

Rest, especially in bed, adds greatly to the safety of the patient. In regard to the diet, great caution is to be observed. A patient may appear to have recovered entirely, the discharges having been suppressed for several hours, and the appetite having in some measure returned, when, eating a hearty meal even of wholesome food, relapse will occur. I had one patient who had a severe and obstinate return of diarrhœa under such circumstances. He had eaten too much toast.

Therefore, I consider it proper to be very careful in regard to the quantity of food given, even when the appetite first returns; and from later observations I am satisfied that in bad cases, where the discharges have been profuse, it will be proper to abstain from any drink for many hours, even when the thirst is considerable.

As regards the diet proper to be observed, during the prevalence of cholera, in any place, by those who are not sick, I will remark, that the judicious advice of physicians in respect to caution in the use of some kinds of food, have been often misconstrued, and in consequence there has been total abstinence where there should have been only moderate use.

This is especially true in regard to fruits and vegetables; and the abstinence from their employment seems to be justified by the fact of the occurrence of many cases of cholera,

after the indiscreet, and sometimes even after the moderate, use of them. But when we see by their presence, undigested in the discharges, that any and every kind of food may, in one person or another, prove the cause of the development of the cholera disorder, we will be at a loss to know what there is which may be allowed as food, if we are to reject every thing which has excited cholera in somebody. I have seen ham produce the cholera in several cases; and, in one, beef-steak to be thrown off the stomach twenty-two hours after it was eaten, as undigested as it was taken into mouth.

It appears to me that the cholera-influence produces such a derangement of the powers of the stomach, that digestion is easily suspended by any article of food that has a tendency to disagree with the individual, and that this article remaining undigested is an irritant which causes the development of the cholera symptoms.

The remark may here be made, that, the development of cholera being usually if not invariably caused by the presence of an irritating matter, and that being mostly some form of undigested aliment, the allœopathic practice of locking and fastening in the stomach and bowels this irritating matter against the already irritated surfaces is most preposterous; while the homœopathists, with the remedies, conforming to the symptoms they necessarily possess, an emeto-cathartic character, in their primary operation, must aid in the expulsion of these offending matters which nature is endeavoring to accomplish, but cannot perform by her own unassisted efforts, whilst by the law of re-action it is also aided in returning to its normal operations. To return to the consideration of the subject, which was interrupted to make the above remark, I would say, that, while it is proper to observe what kinds of aliment most frequently disagree in this manner, and to be sparing or to abstain from their use, it will also be proper to consider what is the best course to be followed to prevent that derangement of stomach which has just been

mentioned. Simplicity of diet is certainly not favorable to this, nor is the confinement to a few articles of food. Confine men to bread and meat, you favor the formation of a scorbutic disorder: allow succulent vegetables or fruits, and this danger disappears.

When we consider that the cholera-influence usually remains eight or ten weeks in the same place, and that during the summer months, we may judge that it will but be proper for the physician to be guarded in the manner in which he discourages the eating of fruits and vegetables, and to observe whether, in many of the cases where some form of these has obviously produced cholera, there had not been for some time before an abstinence from these forms of food.

There are a few additional observations which may be made to advantage: one is that of the resemblance between cholera and dysentery.

In its most fully developed form, the diarrhœa of cholera has much greater analogy with dysentery than with ordinary diarrhœa. In the absence of color or whiteness of the discharges, and in their freedom from odor, they resemble the evacuations of dysentery; whilst they differ from them chiefly in the greater fluidity of the discharges, and in the absence of the color of blood, which is not necessarily present in the latter, and in the tenesmus. Observe what are called the rice-water discharges in cholera, you will find that they contain flocculi presenting the appearance of parts of a dysenteric discharge; observe the cholera stools of a fluid as colorless and transparent as spring-water, and you will perhaps always see floating in it a body nearly as colorless and transparent as the fluid itself, that remind you of the discharges of dysentery.

A single case may present you with all these varieties; first, rice-water with flocculi, then clean water with its floating body, then slime and blood.

Considering that seventeen years have elapsed between the invasion of the cholera in 1832 and 1849, I have looked back

to the same length of time before 1832, which is 1815, and which was the middle of the duration of typhus pneumonia, that prevailed in the United States from 1813 to 1817. Seventeen years previous to 1815 was 1798, the middle period of the more important occurrences of yellow fever. Both these diseases were marked by early, formidable, and often fatal collapse; the latter after those discharges termed the black vomit.

The cholera of 1832 appeared in America, first at Quebec and Montreal, and afterwards travelled south and west. We were then told that the cholera followed the course of all great epidemics from north-east to south-west. But the cholera of 1849 was violent in New Orleans before it was so in Philadelphia, and prevailed in St. Louis before it occurred in Boston.

JACOB JEANES.

Philadelphia, June 1st, 1850.

Letter from Dr. Caleb B. Matthews.

Philadelphia, June 3, 1850.

To the Philadelphia Branch of the American Homœopathic Institute.

The cholera epidemic of 1849, as it presented itself to my observation, differed in some respects from that of 1832. The pure rice-water evacuations were less frequent; and the discharges were often of a light, sometimes of a brownish, yellow hue. There was also a greater tendency, in the latter part of the season, to terminate in dysenteries of a prostrating and obstinate character.

The premonitory symptoms were a *yellowish* or *whitish coated tongue* (dyspeptic symptoms, loss of appetite), rumbling, and sometimes, but not always, cutting pains in the bowels, returning at intervals. The coated tongue was almost uni-

versal. I examined a great number, both children and adults, even of persons who had no other complaint at the time, and found the *characteristic coated tongue*, with scarcely an exception.

The diarrhœal stage was frequently unattended by pain or sickness of stomach, though many had severe cutting pains in the bowels; and the discharges were often a copious pale yellow water, sometimes brownish yellow. Most of the cases that fell under my notice were of the diarrhœal character; but if neglected, as I found in some severe cases, ran down, sooner or later, into the stage of active cholera. Copious discharges of rice-water stools, or with the yellow tinge, above described, at frequent intervals, attended by paroxysms of cutting pain in the bowels, and cramps of the muscles of the limbs, &c. rancido, cold tongue and breath, and cold clammy surface, feeble and rapid pulse, discolored sunken visage, labored breathing, and shrivelled bluish hands, characterized this stage.

I was fortunate enough not to meet with cases of decided collapse (except in one instance, when I was called in consultation); yet some of my cases verged closely upon it, but were restored in time to prevent its occurrence. With regard to the causes of cholera, I do not believe it to be contagious, but to originate from an inappreciable miasm tainting the air, *together with a peculiar hygrometrical condition of the atmosphere*. The same miasm will produce influenza, if there is a drier state of the air. The latter generally precedes the cholera, *like a jackal to the lion*. These views I have held since 1832, but have no space to dilate upon them now. I witnessed cholera in India in 1825, during the *rainy season*, when it is most prevalent. During 1832 I frequently observed that the cholera was most malignant when the atmosphere was *most humid*; and, during the late epidemic, I noticed the same humid state of the air necessary to the presence of cholera. The condition of the atmosphere explains the alleged absence of electricity and the want of thunder and

lightning during the epidemic. This fluid is silently conducted off by a moist atmosphere. During the epidemic, but more especially towards the latter part of it, the diarrhœa would run immediately into dysentery, without an intermediate stage, and some cases of dysentery occurred unpreceded by diarrhœa. The discharges were frequent, sometimes every 30 minutes, of bloody water or blood and slime, with some cases of dark bilious masses intermingled; much pain in the bowels, tenesmus; the cases usually lasted from five to ten days. All recovered, except one in consultation, noticed before. The epidemic frequently attacked children and infants; many had the cholera infantum to run into dysentery, with bloody-water discharges, &c. There were occasional instances of a "dry cholera" or *cholera colic*, both in 1849 and 1832, agonizing paroxysmal pains without discharges. An instance of this nature occurred in 1832; and, when discharges were procured, they were consistent, and of the hue of very pale lead-colored paint. With respect to treatment, painless diarrhœa yielded readily to phos. acid, and those with cutting pains to veratrum; with a sense of burning in the bowels, to arsenicum. But the most valuable remedy in this stage, I have found, from extensive use, to be the oil of the *Dryobalanops camphora*, or large camphora-tree of Sumatra. I use saccharine pills of the size of a small pea, moistened with the 20th of a drop of the pure oil, and containing about the 100th of a grain of camphor, and gave one every half hour: two or three doses in repeated instances arrested the disease. It is far preferable to tinct. of camphor in watery diarrhœas, with cutting pains, as I have experienced for the last five or six years in my practice; and I have ever relieved cramps from cholera morbus with them. In the active stage of cholera, I have found ipecac. veratrum, arsenic, and tart. antimony in the third, the best remedies. The latter suits all the symptoms of this stage, but more especially the cramps in the limbs. Veratrum relieved a case where there was great difficulty of breathing, and inability to

lie down, with blue lips, &c. supervening, after ipecac. had arrested the purging and vomiting; and in half an hour the patient was relieved of all unpleasant symptoms. Arsenic suited best when there was a burning in the bowels. The dysentery yielded to arsenicum, corrosive sublimate, colchicum, &c. Having kept no register, I cannot say what number of patients I attended or prescribed for, but I suppose of every kind over 150. I lost one with protracted diarrhœa, previously prostrated by lingering sickness; one from dysentery, and another of collapse, both in consultation; and one from cholera infantum; in all, four cases.

I hope these imperfect notes will be excused, as my indisposition prevents me from preparing a more correct and elaborate report.

Very respectfully,

C. B. MATTHEWS, M.D.

Letter from Dr. William S. Helmuth.

Philadelphia, June 4, 1850.

In compliance with the wish of the Philadelphia branch of the American Institute of Homœopathy to ascertain the experience of physicians who treated Asiatic cholera during the epidemic of 1849 upon homœopathic principles, I remark that the symptoms of the different stages and varieties of the disease are so distinctly expressed in many homœopathic publications, and the remedies for each so precisely indicated, that the necessity of keeping records of cases, with a view to the enlargement of clinical knowledge, appeared almost a work of supererogation.

Though very busily engaged during the prevalence of the disease, but few cases of fully developed cholera came under my notice, in consequence of the invariable efficacy of the means used in the earlier stages of the disorder. Of the

cases in the very advanced periods, which I treated, all save two recovered. One of which was an elderly lady, who for many years had been in extremely delicate health. The other a middle-aged lady, who was attacked while in the enjoyment of good health, and whom I visited at the very urgent solicitations of her relatives, after she had been abandoned by her allœopathic medical attendants, who had deluged her within and without with stimulants and narcotics; the latter to an amount which placed her system in a condition insusceptible to any medicinal impression.

During the prevalence of cholera in 1832, the situation of physician to a large district afforded me ample opportunities to try and witness all the allœopathic modes of practice, to satisfy myself that they were much worse than useless. The satisfactory results, therefore, of homœopathic treatment cause a melancholy retrospect of the past; and other feelings than those of regret are excited, when it can be abundantly shown, that, in the determined and now culpable obstinacy in the opposition to homœopathy, not only is the progress of true science retarded, the health of multitudes impaired or irretrievably destroyed, but the lives of many, very many individuals daily terminated.

WM. S. HELMUTH,
No. 235, Pine Street.

Letter from Dr. W. Williamson.

To the Philadelphia Branch of the American Institute of Homœopathy.

CHOLERA, ETC.

Having witnessed the incursion and course of epidemic cholera in this city in 1832, on making a comparison with it and the epidemic of 1849, I have observed sufficient points of resemblance to identify the two as being the offspring of the same morbid agent.

I attended seven fully developed cases (and eight mild cases with cramps and rice-water discharges) of epidemic cholera in 1849.

A great many persons were affected with wandering pains through the abdomen, more or less acute, with rumbling in the bowels, probably in the large intestines, and chiefly in the transverse colon. The symptoms were not always attended with or followed by loose evacuations. In other instances, there were frequent loose evacuations, without pain or rumbling. In very mild cases, there were three or four easy evacuations of natural fæces within three or four hours after the time of rising in the morning. In the severer forms of diarrhœa, it generally commenced or was aggravated between 2 o'clock in the morning and 12 o'clock, noon. Even in dysentery, this (the morning) was frequently the period of aggravation; whereas, in other seasons, the symptoms are usually more severe in the afternoon and before midnight.

It was not uncommon to witness cases of dysentery and cholera in the same family near the same time. The dysenteric form of the disease (the cause of both cholera and dysentery last summer was evidently the same) was more common before and after the period at which cholera prevailed to the greatest extent, than it was during the height of the epidemic. In many cases it would have been difficult to indicate, by any decided mark, the lines which divided the stages of diarrhœa, dysentery, and cholera; for some cases travelled through all the several stages, before arriving at their termination. Every practitioner must have noticed the increased quantity of water in the stools both of diarrhœa and dysentery. In the dysentery of last summer, green mucus entered more largely into the evacuations than has been common heretofore. In many cases, the suffering from cutting, tearing pains in the abdomen, with tormina and tenesmus, was most intense.

I think I can with truth say, that I entered upon the treatment of the diseases of last summer without prepossession or

prejudice in favor or against any particular remedy or course of treatment. And the result of my observations, if possible, more confirms me in my convictions of the truth of the great central point of homœopathy, *Similia similibus curantur*. I now can look back with complacency to the action of phos. ac., sulphur, mercurius, cinchona, tartar emetic, bryonia, and aloes, in the premonitory symptoms, or the diarrhœa which almost uniformly preceded an attack of cholera or dysentery; each remedy acting with majestic power when it and the symptoms came within the range of similarity. That some of the above-named remedies were oftener indicated than others, I am free to admit; but, when either *one* was particularly indicated, neither of the others would supply its place. Nosological specificity in homœopathy is a monstrosity. Homœopathists should keep no hobbies to ride.

The cholera influence prevailed extensively, that is to say, a large number of the inhabitants were affected.

In many instances, causes trivial in themselves were sufficient to develop the disease. Thus, one of the seven cases was brought on by eating a raw tomato; another by eating catfish for supper, and fried eggs for breakfast; another by eating boiled cabbage for dinner; another by sleeping in the night air before an open front door. All recovered.

Arsen. verat. and cupr. were the principal remedies, given in water from the 4th to 6th dilution. Allowed patients *no drink* for several hours; after puking ceased, gave them small pieces of ice; no food for several hours, then in small quantities. Rest in the horizontal position is very important.

After treatment, acon. ipec. merc. phos.; perfect rest in the horizontal position.

In the dysenteries the abdominal pains were the most prominent, often very severe; had thirty cases — one death. In my hands, arsen. did but little; the chief remedies were acon. merc. crot. tig. cham. *cinch.* canth. gamb. aloes, sul. coloc. phos. bell. nux, rhus, colch. verat. and ipecac.

The recovery of a few cases was slow and tedious; but, in a

majority of cases, the patients recovered in from three to ten days, — a time shorter than the average in epidemics of this disease. Two cases of neglected dysentery ran down into chronic diarrhœa, one of which is still under treatment.

I reported but three cases of Asiatic cholera to the Board of Health. One case was beyond the limits of the jurisdiction of the Board; and the other three were relieved so promptly by the remedies, that the so-considered characteristic symptoms of cholera were removed before the time to report them arrived; they occurred in the night, and were comparatively well before morning.

Why did homœopaths not have more cases of cholera (*i.e.* fully developed cases)? There are three principal reasons:

1st, The friends of homœopathy belong to the more observing part of the community in matters of health and disease, and followed better dietetic regulations than many others did, and hence avoided the most common exciting causes (including eating and drinking both in quality and quantity, exercise, exposure, clothing, &c.).

2d, The friends of homœopathy belong, as a general thing, to the more moral and intelligent part of community; their moral sense removes the danger from dissipation, and their intelligence and good sense enable them to detect the first symptoms of the disease, and prompt them to apply for relief.

3d, Timely application for aid, and the efficiency of our remedies, cured the symptoms before the disease arrived at the stage of maturity so commonly denominated Asiatic cholera.

The above is the memorandum from which I intended to make up my report.

Very respectfully,

W. WILLIAMSON.

Philadelphia, June 10, 1850.

Letter from Dr. Richard Gardiner.

Philadelphia, June 8, 1850.

To the Philadelphia Branch of the American Institute of Homœopathy.

Gentlemen, — I have but few cases of cholera Asiatica to report ; and, not being able from my register to give the number of cases of dysentery and cholerine, I have only reported the cholera cases.

I saw and prescribed for eleven cases ; ten of them well-marked cases, and one somewhat doubtful ; but from the fact of three of the family having died of cholera under allœopathic treatment, I felt disposed to consider this a case, as the same symptoms were present in all. Ten cases were treated more particularly with veratrum and arsenic, which I found to be the most successful, the sixth attenuation (pellets) dissolved in water. Two of the cases proved fatal ; one was in a collapsed state when first seen, and the other had been several hours without medical aid ; the doubtful case was relieved (cured) with phosphorus, after veratrum and arsenic had failed ; a few dry pellets given every two, three, or four hours.

I prescribed for a considerable number of cases of cholerine, and in a large majority found merc. sol. of the sixth attenuation (pellets) the adapted and successful remedy ; and in cases where the patient complained of grumbling pains in the bowels, before an evacuation, resembling that attending the operation of a purge, I found mercury to be the remedy. Three doses, a few dry pellets, given five hours apart, performed the cure ; and, in many instances, one dose was sufficient.

All of which is submitted.

Respectfully yours, &c.

R. GARDINER.

Letter from Dr. James Kitchen.

Philadelphia, June 1, 1850.

Having left the city on the 18th June, 1849, and returned on the 30th July, of course I can give no experience of the cholera epidemic. I had a few cases during the month of August, which were mild, and yielded at once to veratrum and arsenicum. Of dysentery I had a large number of cases: in August, 40; in September, 10; October, 10; November, 6. They all recovered; some in a few days, while others lasted from two to four or five weeks. I used phos. acon., ars., bell., canth., china, dulc., merc., merc. corr., nux, sulph., coloc., &c. according to the symptoms of the several cases. In conversation with several homœopathic physicians, I find that they were generally successful, while allœopathic physicians were generally unsuccessful. Indeed the President of the Philadelphia County Medical Society, in his Inaugural Address, states the epidemic to have been of a most afflicting and even mortal character. The returns of the Board of Health gave a weekly list of forty or fifty deaths: these must have been reported by allœopathic practitioners, and show the vast superiority of homœopathic treatment, in these cases at least.

Diet and position are two important elements in the successful treatment of this disease. In all cases which require confinement to the house, I insist on the supine position, if possible in bed, and well-cooked oatmeal gruel for diet. I look upon them almost as important as appropriate medicines.

Diarrhœa was manageable under phos., merc. corr., secale, china, &c.

JAMES KITCHEN.

Letter from Dr. Joseph Berens.

CHOLERA.

1. Fully developed cases about ten, two of which were fatal, the rest recovered.

Of the two fatal cases, one was a lady of eighty years of age; had, for years previous, scirrous induration of stomach. The other, a young man of about thirty years of age, had had several attacks of jaundice, and, during the last six months, several times, bilious diarrhœa and attacks of dysentery, in consequence, principally, of excess of drinking alcoholic liquor, and partly of a constitutional predisposition.

Treatment.—Verat., ipec., phosph., *principal* remedies; secale, carb. v. and cupr. a. came into aid occasionally; verat., phos., secale, during *collapse*; ipec. the almost only remedy requisite to allay vomiting.

Dose.—Verat, phos., sec., cupr. ac. in 1st and 2d dilutions; of ipec. the 2d *trituration* in proportion of one to 20; carb. v., 3d trit.; all remedies given in water.

Medicines administered every ten to twenty minutes, to longer intervals of one to three hours.

2. Cholerine and so-called cholera morbus, from seventy to eighty cases, all recovered.

Remedies principally ipec., veratr.; sometimes phos., secale, acon., arsen., bryon., merc. sol. and subl., all given in 1st and 2d attenuations, except arsen. in 3d to 6th.

As regards my exhibition of acon., I used it either alone or in alternation with another appropriate remedy, where there was febrile action, and even without it, where I deemed it necessary to relieve internal congestion, and determine an action towards the skin. With this latter view, I gave it a few times with good success in the fully developed cases of cholera.

Bryonia and mercury I gave always with good effect, where there were bilious complications. Bryon. sometimes

in alternation with coloc. where I could trace the attack to a suppressed function of the skin, and where the pain accompanying the diarrhœa was of a *burning, tearing*, and colicky nature.

Ice I allowed to be taken freely; as drink, a little toast-water, barley-water, gum-arabic water, and *cold* water in very *small* but frequent draughts. Friction, *dry*, where it was borne, that is where the patient was not already too weak. Absolute rest in the horizontal position enjoined.

Dysentery. — Carbo. veget., merc. subl., colch., coloc., rhus, acon., cantharides, cold-water injections; termination of cases in from two to seven days; two or three cases lasted from twelve days to three weeks; have not the exact number of cases attended, but can safely state they were not less than forty during end of summer and fall of 1849. In regard to cantharides, I must remark, that in several cases I was led to administer it on account of accompanying strangury, which with the dysentery yielded rapidly on its application: since then, I have used it with great effect in many cases, *unaccompanied* with the urinary difficulty.

Doses. — 1st and 2d attenuations, carb. v., 3d trit. To judge from my own experience, I cannot but think highly of the cold-water injections.

N.B. No case of death among these cases.

My own indisposition, and want of time, have prevented me from properly working out this report.

JOSEPH BERENS, M.D.

APPENDIX II.

Annual Report of the New Jersey Branch.

Trenton, June 8, 1850.

To the American Institute of Homœopathy.

The New Jersey Branch, in answer to the interrogatories proposed by the Institute to its various branches, would respectfully state, that our branch consists of eight members; and that it includes in territory what is generally styled West Jersey, ranging from the capital, Trenton, to Salem county. Enclosed are some reports from individuals (members) in answer to the queries concerning the cholera and dysentery. Other reports may be forwarded by mail from Drs. Vinal of Salem county, and Dr. Hall of Bridgeton, as they treated a number of cases.

Our branch has its quarterly meetings for the improvement of its members, and the advancement of medical science. Our last meeting was in Camden the 5th ultimo.

Very respectfully,

J. B. PETHERBRIDGE, *Secretary*

L. G. Vinal, *President.*

N. J. Branch.

Letter from Dr. J. B. Petherbridge.

Trenton, June 3, 1850.

To the New Jersey Branch of the American Institute of Homœopathy.

Gentlemen, — In answer to the queries propounded by the American Institute, “Has the Asiatic cholera visited your section the last year? and has epidemic dysentery prevailed?”

and what remedies have been most successfully employed in these diseases?" I would say that our city and vicinity were highly favored in being almost "passed over" by the prevailing epidemic.

I had numerous cases of derangement of the stomach and bowels, which might have terminated in genuine cholera; but they were relieved in the incipency by the use of the remedies generally prescribed, especially by *pulsatilla* and *china*. I treated successfully some six cases of cholera with milky and rice-water discharges from the bowels; I gave camphor, *veratrum*, and *arsenicum*: *veratrum* was the remedy the most generally indicated.

I relieved my dysentery cases with *nux vomica* and *mercurius viv.* preceded and alternated by *aconite* and *belladonna*, when there was much inflammatory action; I gave *veratrum* in one case of a mixed character with good success, followed by *mercurius*, &c. *Pulsatilla* acted well where the stools changed the appearance frequently. My dysentery cases were quite severe, though yielding in the end. *Nux vomica* and sulphur acted well in concert with *mercurius*. I have omitted to mention, that *colocynth* gave relief to the pains in the region of the umbilicus.

This report has been drawn up in great haste, as I had no thought of preparing one, and as I did not think that the details of my cases had any thing new or interesting in them.

I ranged in my dilutions from the 3d to the 30th, not confining myself to any particular number.

Respectfully yours,

J. B. PETHERBRIDGE..

Letter from Dr. J. R. Andrews.

Camden, N.J. June 3, 1850.

To the New Jersey Branch of the American Institute of Homœopathy.

Gentlemen, — I regret that I am unable to attend the Annual Meeting of the American Institute of Homœopathy; but, agreeable to the request of the branch, I cheerfully submit the following report of the success of the treatment of cholera during the late epidemic, it having prevailed to a much greater extent in our city than in any other part of West Jersey. I treated twenty-six cases of fully developed cholera, characterized by copious rice-water discharges, coldness of the body and extremities, blueness of the skin, constant thirst, and more or less violently cramped. Of the above number I lost two, both patients having suffered with chronic intestinal derangement for many years. Also a very large number of cases in the first stage of the disease, which were readily and promptly controlled by the usual homœopathic remedies.

The medicines I found most efficacious were veratrum, cuprum, arsenicum, camphor, sulphur, carbo-vegetabilis, and tartar emetic; the veratrum was my main reliance, using the 1st and 3d attenuations, with the exception of one case, who was in a deep stage of collapse when first seen by me. He recovered under the use of carbo-vegetabilis and arsenicum, the higher attenuations.

After the Asiatic cholera, dysentery prevailed to a considerable extent, some cases proving very obstinate. The remedies I found most beneficial were aconite, colocynth, sulphur, arsenicum, belladonna, carbo-vegetabilis, and nux vomica. The mercurial preparations seemed to fail in many instances, although they appeared to be indicated.

Yours, very respectfully.

J. R. ANDREWS, M.D.

APPENDIX III.

WATER AS A THERAPEUTIC AGENT.

Your Committee to whom was referred "The employment of water as an adjuvant in medical practice," respectfully presents the following report:—

Man is constituted to live a certain period of time, and to enjoy life in the fulfilment of those actions and functions of the organized being, which is denominated health.

This proposition seems rather to receive the assent of the intellect, than to be practically regarded as a truth of the greatest interest and importance.

The laws upon which his existence and well-being depend, appear to be matters remote from comprehension, inexplicable and mysterious, instead of claiming immediate and anxious attention, and as demanding a course of action indicative of dependence upon and obedience to them.

Life, like as it is with astronomy or geology, has been by the mass of mankind left to the few, who, by patiently observing the movements of the heavenly bodies, or by diligently studying the structure and composition of the earth, are enabled to trace the phenomena presented by each to fixed laws, and to understand the mysteries which nature reveals to those only who diligently seek to learn the great principles upon which all the changes which she presents, and upon which all her movements, are founded. Whereas his own nature, his relations to surrounding objects, the laws of life and the conditions of health, happiness, and of his physical and moral welfare, his progress and his destiny, should not have been deemed subjects only for the consideration and comprehension of the jurist and the philosopher.

In health, mankind have conceived themselves free to be

guided by the precepts and practices of society and the world at large; in disease they have patiently and trustingly submitted themselves to the care and skill of the physician, or to the mercy of a Divine Providence, for their safety and restoration.

Heedless of the responsibility which rests upon every human being to protect his life, to preserve his health, and to promote his individual happiness, man has been content to regard the means by which such objects are to be accomplished, as subjects belonging to the medical philosopher and to the physiologist. He has been content to live, to breathe, eat, drink, sleep, and think and move, without knowing how he should live, — in what these various accessories to life should be performed. Instead of taking the supervision of his own constitution, he has left this first and most important charge to those to whom it would seem had been delegated, by common consent, the office of universal life and health commissioners. Compelled by nature and by circumstances to supply his individual desires and necessities, to exercise his physical and mental powers, the true principles which should guide and control his wants and direct his actions, he has left to the understanding of those whom alone he has deemed competent and privileged to comprehend them, or is governed by the prevailing notions and maxims of society, while these are generally erroneous and absurd, conceived in ignorance and nursed by prejudice. Those who have assayed to interpret the laws which relate to and which should govern mankind, in the management and direction of their physical and mental impulses and powers, have too generally failed to solve their import, or to impart whatever of truth they have succeeded in establishing; while the very many contradictions, developments, and theories put forth in various periods of time, have tended to increase the erroneous maxims and opinions already current in society, and to interweave more intimately the meshes of prejudice which have encircled them.

The medical profession, *par excellence* the conservators of the public health, have too little understood the laws upon which it is based, or have been too negligent in diffusing a proper knowledge of them.

They have lacked confidence in nature and in the laws by which, when understood and regarded, she makes man to stand forth the impersonation of health, beauty, virtue, and happiness, and which converts the earth itself from a wilderness of shade-briars and marshes to a paradise of sunlight flowers and limpid streams.

A monster, hideous and frightful, has been created by human ignorance and imagination, and made to stalk the earth, striking down his victims with a wanton and relentless hand, and spreading dismay and terror, wailings and lamentations, where alone security, peace, and hope should reign. This monster is disease! This has been taught to be some evil principle which has invaded, and which constantly opposes, the natural actions of the body, and threatens destruction to life; something independent of the vital actions, which obstructs and hinders them, and which must be expelled or forced out of the system. It has been regarded a cause, and not as the effect of causes, which are under the or subject to the avoidance of the individual; whereas disease is an unnatural condition of the human organism, the result of the operation of unnatural causes, and mostly referrible to adverse influences and such free agents, to which mankind have voluntarily exposed themselves.

“We give ourselves the wounds we feel.”

But, fortunately for man and for posterity, the long-established and crude notions of disease hitherto believed and promulgated are being dispelled by the spirit of free inquiry which is abroad in the earth, and which marks the age; and are being displaced by more enlightened, rational, and scientific views, based upon more accurate knowledge of the physiology and vitality of the human system.

To be able properly to appreciate the merits of any particular system of therapeutics or mode of treatment of disease, it is necessary to understand the principles upon which such system is founded, and the objects had in view in the proposed mode of treatment.

It is also essential to form some notions, or understand the nature of disease ; in what respects and in what manner the vital functions and the physiological conditions of the body are varied from a state of health ; and what the changes in either or in both may be, which are requisite to the restoration of the normal condition.

There must necessarily be some connection between the nature of the morbid state of the body, and the causes which have induced it ; and a natural relation must exist in their morbid state to the means which should be employed to restore it, in order to give to therapeutics any rational foundation.

To go not beyond the assumption that the function of the liver is deranged, and that it secretes too much or too little bile, and to administer a drug which shall cause it to secrete more or less, is no part of the office of the truly rational and scientific physician ; and although he succeeds in accomplishing such an object, he but adds to the myriads of pre-existing facts of like character, one which is of no consequence save to demonstrate its utter worthlessness in developing or in illustrating any true therapeutic principle.

Simply to allay irritability and to relieve pain by an opiate, without investigating the causes which have deranged the vital processes, and regardless of the abnormal condition of the organism consequent upon such derangement, is an achievement beneath the dignity of science, and remote from the real indication to be fulfilled.

A state of health presupposes integrity of structure and soundness in all the parts which constitute an organized being, and the undisturbed action of the vital power.

Impaired health or disease is the result of imperfection in

structure, or in deranged vital action, in one or both combined.

In proportion as the structure is perfect, and the vital action undisturbed, in the same proportion will there be health.

The extent or degree in which there will be impaired health or disease will depend upon the deficiency in structure, the amount of irregularity produced in the actions of the vital power, and the nature of the agents by which such derangement has been produced.

The principle of improvement, advancement, and perfection pervades the universe, is the order and the law of nature, and is attached to all organized beings. If man has not through successive ages improved his condition, advanced his physical and mental capacities, attained a constantly higher state of perfection in the development of his nature, then have been causes at work which are opposed to this principle of advancement, to the order of nature, the designs of Providence, and the internal tendencies of organized beings.

Man was created perfect in structure; a just proportion was established between his physical and mental powers, and between all the organs of his body. His relations to the circumstances in which he was placed were in harmony with his constitution. Certain laws existed by which he was to be governed, and which would ensure the maintenance of all his powers in a constant state of healthy development and enjoyment.

“Human life consists in or results from the union of a principle, denominated the vital principle, with matter curiously wrought into a system of organs.” Of the nature of this vital principle we know nothing. We can only judge of it in its effect, in the workings of the organism, the phenomena presented in the actions of living beings. This principle produces and sustains the actions or workings of the system, whether perfect or imperfect. It stimulates the functions of all the organs of the body, whether these be in a healthy or

morbid condition. Without it these functions cannot be performed, the workings of the system cannot go on.

All the actions and functions of organized being are so many vital processes. Vital affinity is a power which brings into union with the composition of organized beings certain substances or elements which are naturally adapted to such composition. It is a power superior to chemical affinity and chemical laws, and holds them in complete abeyance. The results of the action of the vital principle in organic life; what really takes place; the nature of the effects produced upon matter; the actual changes which result from the operation of this principle upon matter in the living organism; the character of the transmutations which take place in either the normal or morbid states of the body, are legitimate objects of inquiry. If the effects thus produced may be accounted for upon chemical principles, it in no manner detracts from the consideration that the processes by which these effects are produced are vital processes, instigated and controlled by the action of the vital principle.

The vital principle generates the living fibre, and controls its action. Its office and tendency is to sustain all the organs of the living structure in the healthy and full performance of their proper functions.

Certain causes operate to disturb this action, consequently to derange these functions, and to change the result of its operations from a healthy to a morbid condition. The tendency of the vital power is to resist the influence of these adverse causes, and to maintain the system in health.

It may be well to allude to some of the causes which tend to modify the action of the vital power, to impair the healthy action of the various organs, and to superinduce a morbid state of the animal tissues.

Each organ of the body has its appropriate function.

In order to the proper performance of this function, it must receive its appropriate stimulus, without which the vital power will be unable to maintain its action in a healthy manner.

In a state of health, every organ is at its post, ready to discharge its proper office. When food is received into the stomach, the digestive apparatus is put in motion. This is converted into blood, carried into every part of the system, and converted by the proper organs into the various elements which constitute organic structure.

As food is the proper stimulus to the stomach, so is air to the lungs; water and the atmosphere are the natural stimuli to the skin.

When all the organs are influenced by their natural stimuli, all the functions are well performed. The new matter received into the system is retained so long as it contributes to the health of the organism, or till its vitality is exhausted. The worn-out and useless particles are taken up by the proper organs, carried into the mass of circulating fluid, by which they are eliminated from the body by other organs arranged for the purpose.

In this process, animal heat is manufactured, and is regulated by the healthy action of certain organs; the muscles of the body are obedient to the will, and all the functions are carried on with promptness, regularity, and efficiency.

Animal life consists in the two grand processes of nutrition and excretion; and it is an essential physiological condition to health that these two processes be equal, that one be balanced by the other, that the waste matter carried out of the body shall be exactly proportioned to the nutritious matter received into it. And any error or derangement in these two processes must be productive of disturbance and impaired health.

The health and vigor of the system always correspond to the manner in which these vital processes of transformation of food into solid organism, and of the solid organism into the excrements, is carried on.

In health, the phenomena of the various functions concerned in these processes are the result of natural stimulants acting upon susceptible organs. If, then, any organ fail in

its function, if the vital power be inadequate to maintain in the normal performance of its office, if the vital processes be interrupted and a state of impaired health exists, we are to look to the operation of causes which have the power to disturb the vital action, or to the want of application to the various organs, its appropriate stimulus, or to the substitution of stimulants to which they do not naturally respond.

Observation demonstrates the fact, that the more simple the mode of life and the habits of man, the less is he afflicted with disease. Those who labor, who are much in the open air, exposed to atmospheric changes, to wet and cold, who subsist on simple diet, and are free from high mental excitement and harrassing cares and anxieties incident to civilized society, are hardy and healthy.

As the enjoyment of pure air, simple food, bodily labor, sleep, rest, and freedom from unduly excited passions, are essential to a state of health, so is the habitual neglect of these conditions a source not only of deranged vital actions, but of morbid changes in the structure of the body.

In proportion as man has advanced in civilization and refinement, and has surrounded himself with luxuries and what are deemed the comforts of life, and in proportion to the introduction and spread of the art of medicine, in the same proportion has his organism become defective, diseases have multiplied, and sufferings therefrom increased.

It must be seen, then, that in a departure from a more simple and natural mode of life, man has surrounded himself with agents adverse to the maintenance of his constitution in a state of health. His constitution has become deteriorated, imperfectability of organization exists to a very general extent, and his system has lost its power of resistance to the influence of morbid agents.

The causes which tend to superinduce imperfection in the organism are various. They may be remote and referrible to preceding generations, or more immediate and to be found in miasmatic influences, an artificial mode of life, depressing

or exciting passions, and the like. Whether hereditary or acquired, an imperfect state of the organism is the result of the slow operation of causes which modify the vital processes, and establish morbid conditions.

Health is the result of the harmonious action of all the organs, the normal performance of the function of each, and the undisturbed action of the vital forces. That each organ perform its function, it must be impressed or stimulated by that which alone is its natural stimulus.

In civilized life these impressing agents are not always natural, or those which are not properly furnished to the different organs.

The organism is compelled to submit and to act under the influence and usages not adapted to its nature. The vital processes are deranged and weakened by high mental excitement and depressing passions, and artificial stimulants, and the like. The stomach constructed to digest simple food, and to absorb into the system, at the impulse of thirst, a fluid which is naturally adapted to its wants, is compelled to bestow its labors upon substances which are not suited to its natural functions. It is made the vehicle of introducing into the system artificial drinks, which are irritating to its structure, stimulating to the nerves, and which exhaust the vital power. It is made the reception-room of poisons, in the form of drugs, which are productive of the most evil consequences, not only in their direct influence upon the stomach itself, but in interrupting and deranging the vital processes throughout the system; and it is but just to assert, that, of all the causes which in civilized life operate to disorder the functions, to produce morbid changes of structure, and to deteriorate the constitution, the employment of drugs for absurd therapeutic purposes is one of the most direct and powerful, as it is one of the most universal.

The practical application of false theories, the fulfilment of fancied indications growing out of a want of any rational system of therapeutics, demand that the stomach and bowels

be inundated with poisonous substances ; and thus the organs of digestion are contorted into purposes for which they were never intended.

Like the lungs, kidneys, and the bowels, the skin is an excretory organ ; and one of its functions is to exhale and carry off waste matter from the system. The neglect of this function must result in destroying the equilibrium between the two processes of nutrition and waste. The skin is one of the organs by which the waste matter is carried off. In respect to the quantity thus eliminated from the body, it is the most important of the excretory organs, as it is the outlet of more than one half of the waste matter of the body. Hence it must be seen, that the proper performance of this function is of the first importance to health. Yet comparatively little attention is paid to it ; while any irregularity in those of the kidneys or the bowels excites immediate alarm, and commands anxious attention. By withholding from the skin the influence of its proper stimuli, by keeping it constantly and warmly covered, and by neglecting to keep it properly cleansed, its functions are illy performed, the waste matter is retained, the pores of the skin are obstructed, and insensible perspiration retarded or prevented. The evils resulting from such neglect can be readily traced by the physiologist ; and though not always immediately perceived, yet it cannot fail in deranging all the vital processes, and the consequences must sooner or later become apparent.

It is not so much my purpose to specify the causes that tend to impair health as to bring into consideration certain principles, with a view of developing such indications of treatment as naturally grow out of them.

The evils of intoxicating drinks, tobacco, &c. are too well understood to require elucidation.

Diet is a subject claiming much more attention than it receives. That it is vastly too complicated, too stimulating, and too unnatural, must be admitted upon the principles and facts which have been alluded to.

Disease, then, is to be regarded as impaired health from the operation of immediate or more remote causes.

From the operation, the disturbing influence of these causes, the vital power is inadequate to maintain the organs in the full and healthy performance of their proper functions.

The vital power tends to maintain the organs in the normal performance of these functions: it is able to do this under certain circumstances and upon certain conditions.

The conditions upon which it accomplishes this are, that each organ shall receive its natural stimulus.

When morbid conditions of the organism exist from the influence of causes adverse to its healthy actions, it is the province of the vital power to restore them, and to substitute normal conditions. The manner in which this is effected is a vital process.

It is the province of art, so far as may be, to remove the causes of impaired healthy action, and to place the organism in favorable circumstances for the operation of the vital power. The amount of vital power in the system depends upon the perfectability of its structure, and the manner in which the vital processes are carried on.

Art may, by employment of such agents as by virtue of their relation to morbid states of the organism so act upon the vital forces as to change their direction, stimulate their activity, and cause them to accelerate the vital processes.

That this has been the aim of the therapeutic art since it has had an existence, and that finally it has resulted in the development of the fundamental law, *similia similibus curantur*, it is not requisite here to maintain.

Were man subjected to such influences alone as naturally conduce to healthy action in his system, diseases, save those of a specific character such as arise from miasms, would be few, comparatively light, and readily controlled by remedies administered upon that great law of the relation which exists between certain medicinal agents and morbid conditions.

That the laws of health are so little regarded, and that the

influences to which those especially in civilized life are subjected to, are not such as conduce to health, affords the reason and institutes the necessity for a regard to any other indication than that furnished by nature's law of cure.

Diseases of a specific character, such as small-pox, would be attended with little suffering and no danger to a man of sound constitution and strong vital power. Nor would he be so liable to their attacks, as the vital forces would be able to resist their disturbing influence.

The actual condition of the system must depend upon the manner in which the vital processes are carried on. Before a change in the tissues from a normal to a morbid state can take place, the vital forces must be deranged, weakened, and rendered incompetent, by the influence of adverse causes, to maintain the healthy functions of the several organs. Before a change in the direction from a morbid to a healthy condition can take place, the causes of such disturbance of the vital forces must be removed.

In the process of reproduction and waste, the generation of heat is supposed to have its origin, and to be truly explained. In the union of oxygen in the lungs and capillaries with carbonized substances introduced as nourishment into the system, the waste matter is said to be burned up. Hence, by cooling the body, as by the application of cold to the surface, the process of calorification would become accelerated. In order to the maintenance of the average degree of heat, increased activity in the process of reproduction and excretion would be induced.

This increased activity produces greater consumption of carbonized matter, which would call for a greater supply; consequently the appetite is improved, and the digestive organs stimulated to make up the required supply; while the waste matter would be more rapidly carried off, and, in so far as the accumulation of waste matter constituted the morbid condition to be changed, health would be restored.

Hence, those who live in cold climates, and are slightly clothed, require more food, and are vigorous and healthy.

The skin is a regulator of the animal heat. In civilized life, too much clothing is employed ; heat is retained, vital processes do not go on vigorously, and an enervated and susceptible state of the system is superinduced.

Upon the principle of stimulation, vital action may be diverted, its direction changed, and its power reduced. Stimulating food, drinks, drugs, or other agents, introduced into the stomach, quicken the vital processes at the expense of vital power ; so that it becomes exhausted or morbidly diminished. The vital functions, when deprived of the amount of vital power which they have been accustomed to receive, falter or fail in their office ; hence increased amount of stimulus is required. When thus submitted to the influence of unnatural stimulants, the equilibrium between the vital processes is destroyed, and deranged actions and morbid conditions are the result.

When natural stimulants, as simple food to the stomach, are afforded to the organs, they perform their healthy functions.

The mischief produced in the system, the injury inflicted upon the organism, by the employment of drugs in the absurd attempt to cure disease which is alone the office of the vital power, might here be illustrated, did time permit.

As poisons and morbid agents, they are capable of direct injury to the parts to which they are applied, while their specific and secondary effects are productive of lasting derangements in the vital actions, and in effecting morbid changes in the functions and tissues of organs upon which they more especially act.

As stimulants, they exhaust vitality, and weaken its power of re-action and ability to maintain the different organs in health.

In cases of burns, the application of heat stimulates the re-action of the vital power, and directs it to the part injured, which tends to maintain its integrity against the effects of the

injury inflicted ; but, if it be too strongly applied, or too long continued, it will exhaust the re-active force of the vital power, and the integrity of the tissues cannot be pursued.

Physiologically considered, the employment of water for the purpose of cleansing the skin, freeing its powers, and in a natural manner stimulating its function, it will be seen, would tend to the discharge of its cotemporary office in effecting the health of the whole organism.

Therapeutically considered, it must be viewed in its influence in modifying the action of the vital power, and in its effects upon the vital processes.

In its influence upon the vital power, if applied cold, it is a stimulant. It excites action, or causes re-action, of the vital power. Its effect may be general or local according to the mode in which it is applied.

Its beneficial influence as a therapeutic agent depends upon its influence in exciting re-action.

“ The power of resisting the external application of cold is a most essential conservative property of the animal system, and the degree to which it exists must be regarded as, in some respects, a criterion of the amount of vis medicatrix possessed by the patient.”

Your Committee has seen spasms brought on by the application of the wet bandage about the epigastrium. In this case, the local re-action was too violent. The vital power was summoned from remote parts of the system to resist the local effect produced ; the brain was thus deprived of its accustomed amount of vitality, and was unable to transmit the controlling influence of its power to other organs. The harmony of the vital power, its equal distribution, was destroyed ; and the muscles, for the time cut off from their accustomed supply, were left to the influence of their own inherent properties of contractility.

As a revulsant, it is an agent of vast power, and should only be employed by those who are able and thoroughly competent to appreciate its mode of action upon the system, and

the effects it is capable of producing. It should be only employed as a therapeutic agent by the intelligent and judicious physician. Hydropathists are at fault in committing so much of the trust reposed in them by a knowledge of its capabilities in influencing vital actions and altering physiological conditions, to lay-people, who cannot be supposed to comprehend the principles upon which its effects are produced, nor the indications to be fulfilled by it.

As a stimulant, it may excite vital action, and accelerate the vital processes; but, upon the same principle, it is capable of exhausting the power of the vital forces. The physiological changes produced in the organism, it must be remembered, whether in a transition from healthy to morbid conditions, or *vice versâ*, are vital processes.

If a morbid condition of the tissues exist, the processes of transformation into a healthy state must, in proportion to the extent of the morbid condition, be a slow process. Any means which, by their stimulating influence, tend to quicken this process, may be employed to an extent to exhaust the vital force; and a morbid condition of another character may be thus produced, or morbid states superinduced in other parts of the organism, or the vital power may be incompetent to maintain a condition of health, after it shall have been forced up to the point of effecting such condition.

By revulsion, it is not to be understood that the revulsing agents produce morbid conditions in the parts to which they may be applied, except as in cases where positive injury is inflicted upon the structure, as in cases of setons, issues, moxas, &c.; but as diverting and stimulating the vital action, accelerating the vital processes, as in the case of spasms produced by the application of cold to the epigastrium. No morbid condition was instituted in the stomach.

Hence, in the local application of water, as in the sitz and foot baths, action may be diverted to those parts; and this diversion may be judicious or otherwise, according to the morbid condition to be influenced by the bath. If the brain

be in that condition in which it requires all the vitality at the time bestowed upon it to maintain its own integrity, the diversion would be mischievous. Other examples in point may be imagined.

The restorative or renovating process being a vital process, nature's own work, when once established, should not be interfered with so long as the work is going on. No matter what agents may be employed which are capable of acting upon, influencing, or disturbing the vital forces, they should never be employed to interrupt their recuperative actions.

Upon the views advanced, a single douche, plunge, or shower bath may rouse the energies of the system, produce vital re-action, establish the requisite renovating process. In such case, the patient should be left under the influence of favorable circumstances, and the vital functions be allowed to do their work without the disturbing influence of the same or any other therapeutic agent. By a repetition of the bath, the process of cure might be broken up, the vital force weakened, or other morbid actions instituted.

From the views here introduced, it will be seen that water is an agent capable of producing for good or evil very important modifications of the vital actions, and that it is worthy the attention of the homœopathic practitioner.

It is mainly in reference to the physiological considerations which have been introduced, that, in the opinion of your Committee, its employment is to be regarded as an essential auxiliary to the means possessed by the homœopathic practitioner, in promoting the best interests of his patients.

But, in many cases of disease which have their origin in the long-continued operation of influences adverse to health, in general derangement of the vital actions, and in an inactive and debilitated condition of the organism, in which a very general morbid state of structure throughout exists, it cannot but prove a valuable adjunct to his other means of rousing the action of the system, and instituting renovating processes.

Many interesting cases, illustrating the successful employment of water, might be given; but as they are within the reach of all who desire to give the subject attention, your Committee does not deem it important at this time to detail them. Admitting well-authenticated facts as to successful treatment by water of many forms of disease, acute and chronic, it will be perceived upon what principles this has been accomplished, and how far the same principles may be practically applied in conjunction with those which homœopathy furnishes for fulfilling the great objects of the therapeutic art.

Neither is your Committee at this time prepared to trace the effects of the various modes which have been adopted in applying water, nor to specify in what particular conditions of diseases, or under what particular circumstances, water may be employed as an adjunct in homœopathic practice.

Were the habits of mankind such as conduce to health, were the ordinary conditions to health complied with, were water employed as a beverage and for bathing and washing the body to the extent in which it is a natural stimulant to the functions of the stomach and of the skin, no other than the means which nature furnishes for applying the therapeutic principle, *similia similibus curantur*, would be requisite for the restoration of vital disturbance and morbid changes in the human organism.

But as society, in its present artificial condition, teems with diseases which are the result of artificial and morbid causes, your Committee is induced to report that water may be employed to advantage, especially in very many chronic diseases.

Your Committee begs leave to offer this as a report in part, and asks time for further consideration of the subject, with a view of reporting more in full at the next session of the Institute.

APPENDIX IV.

Report of the Massachusetts Homœopathic Fraternity.

In the early part of this year, a copy of the notice and blank-form below was sent to each member of the Massachusetts Homœopathic Fraternity, requesting an answer as soon as convenient: —

	Cases.	Deaths.	Remedies.
Cholera . .			
Cholérine . .			
Dysentery .			

“ A vote of the society has been passed, requesting each member to furnish statistics of the cases of cholera and dysentery treated by him during the past year.

“ Under the head of cholera please insert the *true* cases of *Asiatic cholera*; under cholérine, cases which would probably have become cholera, but *not* the true disease.”

Up to the present time I have received the returns of only twenty members.* The aggregate is

Cholera . . .	115 cases	. .	14 deaths.
Cholérine . .	318	„ . .	2 „
Dysentery . .	1160	„ . .	32 „

The principal remedies used in cholera were ars., camph. cupér., and verat; in cholérine, ipec., phos., phos. ac. puls., verat.; in dysentery, a great many remedies were used, but principally merc. sol. viv. and cor., ars., coloc., colch., canth., ipec., nux, puls., sulph., and others.

H. L. CHASE, M.D. *Sec. Mass. Hom. Fraternity.*
Cambridge, June 1, 1850.

* The Fraternity numbers over fifty members.

APPENDIX V.

Treasurer's Report.

The Treasurer of the American Institute of Homœopathy respectfully reports the amount received by him, from June 14, 1848, to June 12, 1850, is		\$116 00
Balance on hand, as reported June 14, 1848	39 35	
		<hr/>
		\$155 35
Paid from June 14, 1848, to June 12, 1850 .	101 20	
		<hr/>
Balance	\$54 15	

S. R. KIRBY, *Treasurer.*

NAMES OF MEMBERS OF THE AMERICAN INSTITUTE OF HOMŒOPATHY.

The asterisk (*) denotes *deceased*.

Adams, Henry, M.D. Coxsackie, N.Y.	Boardman, J. C. M.D. Trenton, N.J.
Adams, R. E. W. M.D. Cohoes, O.	Bolles, R. M. M.D. New York city.
Anderson, M. M.D. Philadelphia.	Bowers, B. F. M.D. New York city.
Andrews, J. R. M.D. Camden, N.J.	Bowers, Josiah, M.D. Smithtown, L.I.
Annin, J. D. M.D. Newark, N.J.	Bradford, Richmond, M.D. Auburn, Me.
*Atwood, M. M.D. Francistown, N.H.	Brown, Wm. R. M.D. Homer, N.Y.
Allen, Jas. H. M.D. New York city.	Bryan, R.S. M.D. Troy, N.Y.
Ball, A. S. M.D. New York city.	Burritt, A. H., Dr., Burton, Geauga county, O.
Barlow, S. B. M.D. New York city.	Bute, G. H. M.D. Philadelphia.
Bauer, A. M.D. Cincinnati, O.	Barrows, George, M.D. Taunton, Mass.
Barrows, Ira, M.D. Pawtucket, R.I.	Beakley, J. M.D. New York city.
Bartlett, E. M. M.D. Louisiana.	Baker, George, M.D. Chelsea, Mass.
Bayard, Edward, M.D. N. York city.	Baxter, Wm. M.D. Fishkill, N.Y.
Belcher, Geo. E. M.D. N. York city.	Bell, H. W. M.D. Galveston, Texas.
Bell, Sanford, M.D. Philadelphia.	Brown, J. R. M.D. Phoenix, N.Y.
Belt, R. G. M.D. Patterson, N.J.	*Beard, D. H., Dr., Troy, N.Y.
Bennett, H., Dr., Rochester, N.Y.	Burke, A. C. M.D. Brooklyn, L.I.
Berens, Bernard, M.D. Philadelphia.	Beakley, George, M.D. N. Y. city.
Berens, Joseph, M.D. Philadelphia.	Bigler, G. W. M.D. Hagerstown, Md.
Bloss, Richard, M.D. Troy, N.Y.	

Cator, H. Hull, M.D. New York city.
 Channing, Wm. M.D. New York city.
 Child, Amhersts, M.D. Waterloo, N.Y.
 Clark, Eliphalet, M.D. Portland, Me.
 Clark, P., Dr., Coventry, R. I.
 Clark, Luther, M.D. Boston, Mass.
 *Cook, Geo. W. M.D. New York city.
 Cook, A. P. M.D. Hudson, N.Y.
 Crittenden, W. H., Dr., Bergen county, N.J.
 Crittenden, J., Dr., Morris co., N.J.
 Crosby, —, Dr., Akron, Summit county, O.
 Chase, H. L. M.D. Cambridge, Mass.
 Clary, Lyman, M.D. Syracuse, N.Y.
 Colby, Isaac, M.D. Salem, Mass.
 Cox, Geo. M.D. Williamsburgh, L.I.
 Cummings, J. M. M.D. Portland, Me.
 Chase, Durfee, Dr., Palmyra, N.Y.
 Clark, J. K. M.D. Worcester, Mass.
 Cook, Simeon A. M.D. Troy, N.Y.
 Cole, Henry, M.D. Pittsfield, Mass.
 Cornell, Benj. F. M.D. Moran Station, Saratoga county, N.Y.

Detwiller, H. M.D. Hellertown, Pa.
 Dubs, Samuel R. M.D. Philadelphia.
 Dunnell, H. G. M.D. New York city.
 Dutcher, B. C. M.D. New York city.
 Dewolf, Jno. J. M.D. Providence, R.I.
 Douglass, J. S. M.D. Milwaukie, Wis.
 Dake, D. M. M.D. Pittsburg, Pa.
 Dodge, Moses, M.D. Portland, Me.
 Dake, C. M., Dr., Genessee, N.Y.
 Donovan, T.W. M.D. New York city.

Ehrman, B. M.D. Lancaster, Pa.
 Ehrman, F., Dr., Hagerstown, Md.
 Ehrman, F., Dr., Baltimore, Md.
 Esrey, W. P. M.D. Philadelphia.

Fairchild, S. M.D. Parsippany, N.J.
 Flagg, Josiah F. M.D. Boston, Mass.
 Freeman, G. M.D. New York city.
 Fuller, Milton, M.D. Medford, Mass.
 Foote, Elias, M.D. New Haven, Con.
 Foote, Geo. T. M.D. Syracuse, N.Y.

Gardiner, Richard, M.D. Philadelphia.
 Gardiner, W. A. M.D. Philadelphia.
 Gilbert, James B. M.D. Savannah, Ga.
 Gosewisch, C. M.D. Wilmington, Del.
 Gray, John F. M.D. New York city.
 Green, J. M.D. Washington, D.C.
 Gregg, Samuel, M.D. Boston, Mass.
 Guernsey, H. N. M.D. Frankford, Pa.
 Gallup, Wm. M.D. Bangor, Me.
 Geurnsey, E. M.D.

Geist, F. M.D. Boston, Mass.
 Graves, S. W. M.D. Taunton, Mass.
 Guy, S. S. M.D. Brooklyn, N.Y.

*Hale, Eben, M.D. Boston, Mass.
 Hallock, L. M.D. New York city.
 Harris, Z. H., Dr., New York city.
 Havens, S. F. M.D. Buffalo, N.Y.
 Haynel, A. F. M.D. Baltimore, Md.
 Helmuth, Wm. S. M.D. Philadelphia.
 Hempel, Charles J. M.D. N. Y. city.
 Hering, C. M.D. Philadelphia.
 Holt, Daniel, M.D. Lowell, Mass.
 Hoyt, D. O. M.D. Cleaveland, O.
 Hull, A. G. M.D. Newburgh, N.Y.
 Hull, A. Cook, M.D. Brooklyn, N.Y.
 *Humphreys, E., Dr., Utica, N.Y.
 Hanford, L. C. M.D. Williamsburgh, Long Island.
 Harris, C. W. M.D. Swanzey, Mass.
 Herrick, J. M.D. Lyndeborough, N.H.
 Hoppin, Washington, M.D. Providence, R.I.
 Humphreys, Fred. M.D. Utica, N.Y.

Ingalls, Wm., sen., M.D. Boston, Mass.

James, D. M.D. Somerton, Pa.
 James, Isaac, M.D. Holmesburg, Pa.
 Janney, D. M.D. Loudon co. Va.
 Jeanes, Jacob, M.D. Philadelphia.
 Jones, E. D. M.D. Albany, N.Y.
 Joslin, B. F. M.D. New York city.

Keep, L. M.D. Fair Haven, Conn.
 *Kern, B. J. M.D. Philadelphia.
 Kimball, D. S., Dr., Sackets Harbor, N.Y.
 Kirby, S. R. M.D. New York city.
 Kitchen, James, M.D. Philadelphia.
 Koch, A. M.D. Philadelphia.
 Kinsley, H. M.D. New York city.

Leon, Alexis, M.D. Philadelphia.
 Lingen, Geo. M.D. Yellow Springs, Pa.
 Lippe, A. M.D. Carlisle, Pa.
 Loomis, J. G. M.D. Syracuse, N.Y.
 Lovejoy, E. M.D. Owego, N.Y.

Munger, E. A. M.D. Waterville, N.Y.
 Mairs, J. M.D. New York city.
 Manchester, C. F. M.D. Pawtucket, Rhode Island.
 M'Manus, F. R. M.D. Baltimore, Md.
 Matthews, Caleb B. M.D. Philadelphia.
 M'Vikar, J. A. M.D. New York city.
 Morrell, A., Dr., Concord, N.H.

Merrill, J. M.D. Portland, Me.
 Miller, Adam, M.D. Cincinnati, O.
 Middleton, J. D. M.D. Wheeling, O.
 Marcy, E. E. M.D. New York city.
 Middleton, R. S. M.D. Burlington,
 New Jersey.
 McKnight, C. G. M.D. Providence,
 Rhode Island.
 Moore, J. D. M.D. Newton, Pa.

Neidhard, Chas. M.D. Philadelphia.
 Norton, L. H. M.D. Bridgeport, Conn.

Okie, A. H. M.D. Providence, R.I.
 Orme, John, M.D. Pennsylvania.
 Osgood, David, M.D. Boston, Mass.
 Ober, Benj. M.D. Wilkesbarre, Pa.

Palmer, M. W. M.D. New York city.
 Paine, Henry D. M.D. Albany, N.Y.
 Paine, John A. M.D. Albany, N.Y.
 Payne, John, M.D. Belfast, Me.
 Payne, W. E. M.D. Bath, Me.
 Palmer, W. C. M.D. New York city.
 Peak, J. M., Dr., Cooperstown, N.Y.
 Pehrson, J. G. M.D. Philadelphia.
 Peirson, F. D. M.D. New York city.
 Piper, J. R. M.D. Washington, D.C.
 Pulte, J. H. M.D. Cincinnati, O.
 Petherbridge, J. B. M.D. Philadelphia.
 Parker, H. C. M.D. Manchester, N.H.
 Payne, L. V. M.D. Belfast, Me.
 Peterson, James, M.D. Ware, N.H.
 Poole, A., Dr., Oswego, N.Y.
 Potter, E. A. M.D. Oswego, N.Y.
 Paine, Horace, M.D. Albany, N.Y.
 Peck, William, M.D. Cincinnati, O.

Quin, Jas. M. M.D. New York city.

Rhees, Morgan J. M.D. California.
 Robinson, —, M.D. Auburn, N.Y.
 Romig, J. M.D. Allentown, Pa.
 Rosa, Storm, M.D. Painesville, O.
 Rosman, Robert, M.D. Brooklyn, N.Y.
 Royston, T. P. M.D. Lockport, N.Y.
 *Rea, Albus, M.D. Portland, Me.
 Raymond, J. C., Dr., Waterville, N.Y.
 Reading, J. K. M.D. Somerton, Pa.
 Roberts, J., Dr., Vassalboro', Me.
 Richardson, E. T. M.D. Syracuse, N.Y.
 Russel, George, M.D. Boston, Mass.
 Roche, M. B. M.D. New Bedford, Mass.
 Reichhelm, Gustavus, M.D. Pitts-
 burgh, Pa.

Sceitz, Oscar, M.D. New London, Ct.
 Schmidt, J. M.D. Baltimore, Md.

Schmœle, H. M.D. Philadelphia.
 Schwartz, Gust., Dr., Philadelphia.
 Sherrill, H. M.D. New York city.
 Sheppard, David, Dr., Bainbridge, O.
 Schue, J. M.D. Hartford, Conn.
 Sims, Francis, M.D. Philadelphia.
 Smith, Edward M. M.D. Burlington,
 New Jersey.

Small, A. E. M.D. Philadelphia.
 *Snow, R. A. M.D. New York city.
 Sullivan, John L. M.D. New York city.
 Stevens, C. A. M.D. Buffalo, N.Y.
 Swazey, Geo. W. M.D. Springfield,
 Mass.

Sawyer, B. E. M.D. Concord, Mass.
 Skiff, C. H. M.D. New Haven, Conn.
 Swan, Daniel, M.D. Medford, Mass.
 Shackford, Rufus, M.D. Portland, Me.
 Stansbury, R. M. M.D. California.
 Stebbins, N. M.D. Clinton, N.Y.
 Smith, D. S. M.D. Chicago, Ill.
 Springstead, David, Dr. Albany, N.Y.

*Taft, G. M. M.D. New Orleans, La.
 *Taylor, John, M.D. New York city.
 Taft, C. A. M.D. Hartford, Conn.
 Thayer, David, M.D. Braintree, Mass.
 Train, H. D. M.D. Roxbury, Mass.
 Tarbell, J. A. M.D., Boston, Mass.

Vinal, L. G. M.D. Trenton, N. J.
 Vanderburg, Fred. M.D. N. Y. city.

Ward, Walter, M.D. Philadelphia.
 Ward, J. M. M.D. Saratoga, N.Y.
 Ward, P. M.D. Troppe.
 Weld, C. M. M.D. Roxbury, Mass.
 Wells, P. P. M.D. Brooklyn, N.Y.
 Wesselhœft, W. M.D. Boston, Mass.
 Whitehead, C. M.D. Harrisburg, Pa.
 Wild, Chas. M.D. Brookline, Mass.
 Williams, C. D. M.D. Cleveland, O.
 Williams, T. S. M.D. Germantown, P.
 Williamson, W. M.D. Philadelphia.
 Wilsey, F. L. M.D. New York city.
 Wilson, A. D. M.D. New York city.
 Witherill, E. C. M.D. Canandaigua,
 New York.

Withby, Saml. J., Dr., Philadelphia.
 Wright, Clark, M.D. New York city.
 Walker, C. M.D. Northampton, Mass.
 Warner, L. T. M.D. New York city.
 Wells, L. B. M.D. Pompey, N.Y.
 Whittle, J. F. M.D. Nashua, N.H.
 Woolverton, A. N. M.D. Canada West.
 Wolcott, W. G. M.D. Whitehall, N.Y.
 Wheeler, John, M.D. Cleveland, O.
 Zumbrook, Anthony.

INTELLIGENCE.

"THE AMERICAN JOURNAL OF HOMŒOPATHY" *versus*
"THE QUARTERLY."

WE were well aware, on assuming the editorship of the "Quarterly," of the difficulty, yea impossibility, of meeting the unanimous approbation of our colleagues. We were fully impressed with our duty towards homœopathy, as homœopathists, and towards the universal science of medicine, as physicians. Since by thousands of facts the truth of homœopathy is fully established, we think it useless and below the dignity of our profession to enter into an offensive, inimical warfare against the old school of medicine; and so we consider a polemical contest with our dissenting brethren, in relation to several unessential dogmas of Hahnemann's doctrine of homœopathy, as laid down in his *Organon*, injurious as retarding the progress and free development of the science of homœopathy. Though holding fast the immutable law of nature, *similia similibus curantur*, we cannot look upon the *Organon* of Hahnemann as the homœopathic bible, the *noli me tangere*, the everlasting guide for our scientific investigations and practical experiments; in short, we cannot look upon homœopathy, in its present state, as not *wanting* cultivation, as not *allowing* free discussion. Guided by those views, we endeavored to gather not only from the homœopathic literature at large, but also from the wide fields of universal medicine, the sweet and the bitter, directly or indirectly influencing the progress of our school, as materials for the final erection and completion of the edifice, to which the genius of Hahnemann had laid the foundation. While taking in our literary labors a mere defensive position, we shall never be lenient in rebuking wilful misrepresentations, or in amicably adjusting misunderstandings.

In the June number of the "American Journal of Homœopathy," p. 24, appeared an editorial article, with the alarming head, "An Attempt to mix Homœopathy and Allœopathy." The editor thus commences:—

"Homœopathy is homœopathy, and nothing else. All cures are effected by it, no matter in whose hands they may take place.

Recoveries from sickness are not all cures, which should be known to physicians; and whoever doubts this fact has not observed carefully. From whence come the many chronic diseases with which man is afflicted? To pass by the question of constitutional predisposition, we say, from badly treated acute maladies. The practitioner daily meets cases of a chronic character, the beginning of which is dated from a supposed recovery of an attack of some acute disease. As we have had occasion to remark several times, strictly speaking, there are but two modes to treat diseases; the homœopathic and the allœopathic, with all its modifications of pretended systems. This, to our mind, is too certain to admit of dispute, although it is too often overlooked by the members of the profession, and, to our amazement, by homœopaths even. These facts were suggested in reading a remarkable article in the April, 1850, number of the 'Quarterly Homœopathic Journal,' entitled 'The Relation of Homœopathy to other Systems of Medicine.' Were it not that the said article is signed *Eds.* and thus claimed by the editors of that Journal, we should really have thought it the production of one whom we have heard advance the same doctrines, and in the same style. As we desire to deal fairly with those from whom we differ, nearly the whole article in question is here presented to our readers."

We have neither space nor patience nor learning enough to enter into this peculiar philosophy; we leave it to our readers to digest it as they may, as such startling medical truths must be well prepared and masticated. The last sentence, however, we cannot let pass. The editor must have ideas of his own, in respect to fairness. In reviewing an article, we must proceed from two suppositions; either that all the readers of the review are in possession of the article in question, or they are not. In the latter case, it is in *our* opinion not more than fair and just to reprint it whole, in order to give the readers an opportunity to think and judge for themselves. But either through inconvenience, or for some other reason best known to the editor himself, he omitted to copy the conclusion of our article, which contains the key of our motives in giving extracts from medical literature, even when not directly touching homœopathy; and this the editor calls "*dealing fairly.*"

After now copying our article, exclusive of the conclusion, the editor goes on:—

“We would avoid controversy in the columns of this Journal; but we do not perceive how our duty can be performed, unless we meet error boldly and fearlessly, when it aims a blow, a death-blow, to that which we hold to be one of the greatest discoveries of modern times. The above article, whether intended or not, is of a kind calculated to diminish confidence in homœopathy much more than all the ridicule and misrepresentations of allœopaths that have appeared. If homœopathy was a person, she would exclaim, ‘Save me from my friends.’

“What do the editors of the Quarterly mean by ‘homœopathic purists’”? We do not perceive any sense in the term. It has been used, as do these editors use it, to ridicule Hahnemann and his practice.

“Homœopathy is well defined, her principles are exact, and, being so, they do not admit of modification, which would change her into something else. To designate one a homœopath, and another a pure homœopath, is inconsistent with obvious truth, reason, or sound judgment.

“Homœopathy can never ‘come to any terms of understanding with the “*empiric, eclectic, and other medical schools.*”’ We are amazed that editors of a Homœopathic Journal should dream of such an amalgamation, for the thing is impossible.

“The most objectionable feature, perhaps, of the whole article is in these words: ‘Is it not therefore possible, that, by an independent investigation of nature, further “*laws of cure*” may come to our knowledge, which should be equally welcome to the homœopathic scholar, as they in reality would make their way by their own merits into the practice of the physician?’ and the remaining part of the paragraph. Here we have a stab at homœopathy by her professed friends. However, they have ‘let the cat out of the bag;’ they are pleading for allœopathy under the idea of *eclecticism*. We have not the inclination nor the room to minutely notice the contents of the paper: every homœopath will see its errors as well as ourself; for they are glaring enough. What would be the use of other ‘*laws of cure*’? Is homœopathy the ‘work of man’? We might as well say the gold in California is the ‘work of man.’ Man discovered it. Hahnemann discovered homœopathy, but he did not make her. She lived before him, and

occasionally a glimpse of her was had ; but her features were not fully discerned, and her usefulness was not known, until Hahnemann revealed them. Is not the law of cure perfect? Does it admit of improvement? But the ‘doctrine of high potencies and infinitesimal doses’ was ‘the work of man.’ We are not so sure of this even. The mode of attenuating drugs was a discovery also, the law involved in it was known, for no one doubted that the divisibility of matter is unlimited ; and experience has demonstrated and thereby established it as a fact, that the ‘high potencies and infinitesimal doses’ do effect the living organism in man and beast, and that they are the most appropriate to induce *real* cures ; and ‘the highest aim and ultimate end’ of the physician, ‘of all his efforts and proceedings, ought always to be the cure itself ;’ and those drugs whose positively known effects, if ‘*covering the symptoms*,’ so to speak, when administered in the doses named, will cause a prompt and safe *cure*, which thousands can testify to, and thousands, too, can show evidence in their own persons of the pernicious effects of the ‘*empiric, eclectic*,’ and other allœopathic measures in the treatment of their maladies. We regret exceedingly, that the Quarterly has gone over to the *eclectics* ; but it cannot take homœopathy with it. She stands boldly up before the world, exclusive in her character from necessity. She invites a thorough examination of her pretensions. She is jealous of encroachments upon her rights. She rejects as pernicious every thing that properly belongs to allœopathy, no matter what name may be given it, to render it palatable to the people. She knows nothing of the doctrine of policy, in the work she was sent into the world to accomplish. She is open, frank, reasonable, honest, uncompromising, She has avowed her opposition to allœopathy in all her forms, colors, names, and pretensions. This is an enemy to which she shows no quarter. Those who believe in her are expected to be fully imbued with her spirit, and thereby become instruments in her hands of alleviating the sufferings of man, and prolonging his life upon the earth, in accordance with the will of the Creator.”

We had not the farthest intention, by the designation of “homœopathic purist,” to ridicule Hahnemann or his practice : we should cast ridicule upon ourselves by so doing. As far back as

1833, the strict followers and believers of Hahnemann's doctrine attributed to themselves the designation of "purist," in contradistinction to the so-called rational homœopathist, who dared to doubt the infallibility of some of Hahnemann's dogmas; as, for instance, the theory of psora, dynamization, repetition of doses, &c. Since that time, this term is used in the homœopathic literature with no other meaning; and, if the "American Journal of Homœopathy" itself has many times made use of it without sense, it is not our fault. It must be the very purity of those medical sectarians that makes them so exceedingly sensible, that they cannot hear their own name, of which at other times they are proud, and in their imagined perfection heap abuse upon those who consider homœopathy a liberal and a progressive science. — *Vide*, for instance, July number, 1849, of the "American Homœopathic Journal," p. 47, "Pure Homœopathy," &c. — It is not we who have ever made a distinction between homœopathy and pure homœopathy; we acknowledge every practitioner a homœopath, who, according to the extent of his knowledge, holds fast to the fundamental principle of homœopathy, no matter what his views are in relation to psora, dynamization, doses, &c.; and we challenge every man to prove to us, that we ever in our Journal or private practice deviated one inch from this principle. How the editor could even know our dreams is above our comprehension. We never proposed an amalgamation with the "*empiric, eclectic, or other medical schools,*" at the sacrifice of the fundamental principle of homœopathy; a thing utterly impossible. By the overthrow of the therapeia of the old school, and the substituting of the homœopathic law of cure, medicine has been remodelled; yet the other collateral branches are not therefore worthless. As we have no homœopathic anatomy, physiology, pathology, botany, chemistry, &c. we cannot dispense with them; and whoever can practise without their aid may be a homœopathic practitioner, but no homœopathic physician. By the further progress and extension of homœopathy, the remaining physicians of the old school will be compelled to adopt our therapeutic law; and this is the amalgamation we earnestly desire. The most objectionable feature of our article to the editor is the following: "Is it not therefore possible, that, by an independent investigation of nature, further '*laws of nature*' may come to our knowledge, which

should be equally welcome to the homœopathic *scholar*, as they in reality would make their way by their own merits into the practice of the physician?" and the remaining part of the paragraph. We cannot see any thing very alarming here. The editor must be particularly gifted with a keen vision for spectres, as he saw a cat jumping out of a bag, and a death-blow given to homœopathy by its friends. He asks, "What would be the use of other *laws of nature*? Is homœopathy the work of man? We might as well say that the gold in California is the 'work of man, &c.'" The homœopathic law and the California gold are not of human origin; this is a matter of course; but the structure built upon that law, and the money and other articles made out of the gold, are human. The former may be modified, improved, or torn down, without injuring the foundation; the latter beautified, and put in all possible shapes, without injury to the gold; and as in other places on the earth gold may be found better suited to some purposes than the California gold, so might another law be discovered better adapted to some particular diseases than the homœopathic. We neither meant, nor can it be inferred from the paragraph without wilful misrepresentation, that we seek for other "laws" in order to abolish the homœopathic, which would be an absurd idea. We do not envy the editor of the "American Journal of Homœopathy," for his predilection for the high potencies; he may even believe them to be revelation; but we prefer the whole scale of attenuations down to the tincture; next to the specific remedy comes the specific dose, in each given case, for the perfection of cure, and this cannot be defined in advance, but must be left to the discrimination and judgment of the physician, where the high potencies will also find their proper place; but, if the editor says high potencies are the most appropriate for *real* cures, he says what neither he nor Master Jennichen nor any body else can prove.

In seeming compassion, the editor exclaims, "We regret exceedingly that the 'Quarterly' has gone over to the *eclectics*; but it cannot take homœopathy with it," &c. The editor must have thought us one of those individuals who preach one thing and practise another; otherwise he would have spared himself the pangs of sincere regret by noticing our editorial note on Dr. Rosa's letter in the same number. We are sorry, indeed, to have been forced to

this controversy, not alone by the attack of Dr. Kirby, but also by some private letters in which it was complained that our Journal was not "orthodox enough." It is painful to see such a small, narrow-minded sectarian spirit manifested in our ranks; and we should despair of our cause, if, in this so-called orthodox school of homœopathy, there were none more noble and liberal-minded. We recommend to the "American Journal of Homœopathy" and its adherents, the study of Dr. C. Hering's remarks to the third American edition of the Organon. The "Quarterly" was intended for a liberal, independent Journal; an organ for all shades and colors of our common cause; an advocate for progress; and, if the fraternity of the Union does not want such a museum, where the productions of small and great genius are paraded before their eyes, and prefer exclusively light food, let the "Quarterly" die then in peace. We are not the losers: it will never recognize conservatism, nor favor sectarianism in medicine.

J. B. Ed. sen.

HOMŒOPATHY A LIBERAL AND PROGRESSIVE SCIENCE.

It appears that, by the few remarks in our last number about *the relation of homœopathy to other systems, &c.* we have incurred the deep indignation of the editor of the "American Journal of Homœopathy." He has felt himself, and, in him, homœopathy, to be so gravely injured by what we have written, that his anger has quite overpowered and perverted him from digesting fully and appreciating the words of our article, so as to make a fair representation of them. For, if the editor calls this article of ours, or means to trace anywhere in our Journal, *an attempt to mix homœopathy with allœopathy*, we have to declare that this is either a consequence of his not fully understanding our meaning, or it is a wilful misrepresentation.

It has not entered our mind to say, that *homœopathy itself*, as such, *could ever come to any terms of understanding with empiric, eclectic, and other medical schools*; but this, indeed, we do say, that a physician who makes use of the homœopathic law of cure, as far as it is in his power, and as far as success authorizes him in his

practice, may, without becoming inconsistent, and without aiming a "*death-blow*" at his professed doctrine, look into the doings of other schools, and be benefited, as regards both himself and his patients, by so doing. On the other hand, we fear that the *homœopathist* may lose the right way unconsciously, who, in the self-complacent illusion of infallibility, without troubling himself about physiological investigations and explanations of disease and remedy, considers homœopathy as a revelation from on high, that may not be touched or improved. But it has happened again, what we have already mentioned before, that men with erroneous opinions (and every extreme is erroneous) and prejudices will not suffer themselves to be persuaded or convinced by plain reasoning; they always take part for or against any thing; and while scientific investigation ought always to be directed to a fundamental law, these enthusiasts are led astray by trifles, and spend their power in fighting against visionary obstacles.

Now, with the same right which the editor of the "*American Journal of Homœopathy*" has to reproach us for attempting to *mix allœopathy with homœopathy*, thereby becoming *eclectic* (which name, however, in the *true* sense, is rather a praise than a blame), and to deprive us of the title homœopathists, — with the same right, we say, could we now call him *unscientific*, because *one-sided* and *exclusive* in his arguments; but we are not inclined to do so, because we, like *our* homœopathy, are liberal in our opinions and dealings.

The spark of divine truth which is in homœopathy is as yet shining for us; and therefore we have not to seize upon, and be satisfied with, the mere dross; we are constantly and fully convinced of the superiority of the homœopathic law of cure in medical practice, and are *so sure* of its *reality* and *goodness*, that we need not be jealous of it. Therefore we shall willingly leave to the editor of the '*American Journal of Homœopathy*' his *exclusive*, *uncompromising* homœopathy in *her* full *boldness* and frankness; and hope with him, men being unable to do any thing more for *her* perfection, that the Creator of all things may take *her* in his own hands.

Our homœopathy is eminently progressive; that which is the *work of man* in it and about it, is constantly open to improvements. We are not afraid of "*death-blows*" for it, when freeing

it from some impediments to its farther development. We do not "want," nor do we know as yet, a better law of cure; but this we pretend to say, that homœopathy has to do exclusively with the *dynamic* or *vital* sphere of animal life; we know that to this sphere most of the diseases of man belong; but as absurd as it would be to deny all the influence of the mind upon the healthy or diseased organism, still more unreasonable would it be to hold that *chemical* and *physical* laws never acquire predominant control in the organism, and when this does occur, homœopathy is evidently at an end! Homœopathy is not the whole "*ars medica*." It is only applicable to the animal life as such, where there is *individuality* and *similarity*, and as long as chemical and physical laws are kept in the background by them.

But we do not think that such endeavors to explain will satisfy those who class all the world as either homœopathists or allœopathists; we shall therefore only add, in answer to the question put to us by the editor of the "American Journal of Homœopathy," "*What we did mean by homœopathic purists*," in which term he did not find "*any sense*," that to us, as to him, the term is an unmeaning one; it is a word which, like *lucus a non lucendo*, is not applicable to Hahnemann at all, nor to homœopathists in general, but only to those of his professed followers, who, not satisfied with the main principle of homœopathy, probably because they did not embrace it with the right spirit, think to find their salvation in something that is inferior and unessential in homœopathic practice. Finally, we would say, that, notwithstanding we are accused of treachery and parricide, we are willing to avoid in future all controversies of this kind, desiring no contention except in bringing to light more and more the principles of the *homoion*, confirming and extending them, by constantly looking out for new experiments and recorded facts in the *materia medica* and therapeutics which have any bearing upon them.

GSDF. Ed. jun.

NEW YORK AND RHODE ISLAND. — In the States of New York and Rhode Island, the homœopathic practitioners have organized themselves into associations. From our neighbors in Rhode Island we have received a copy of the Constitution and By-laws. Will the homœopathic physicians in Massachusetts follow their example?

NOTICE. — It being impossible for us to publish in this Number the whole of the communications from the last meeting of the American Institute of Homœopathy, we have reserved Dr. Payne's communication for the next. In consequence of a desire to publish the proceedings in this Number, it is made much larger than usual, and therefore we shall be obliged to abridge the next. — ED.

BOOKS RECEIVED.

- The Homœopathic Theory and Practice of Medicine*, by E. E. Marcy, M.D. Published by Wm. Raddé, New York, 1850.
- New Homœopathic Pharmacopœia and Posology*, &c. Compiled and translated from the German works of *Buchner* and *Gruner* and the French work of *Jahr*, with original contributions, by Charles J. Hempel, M.D. Published by Wm. Raddé, New York, 1850.
- Topographical Anatomy*. A Report on the subject, made to the American Institute of Homœopathy, at its Seventh Annual Meeting, in Albany, New York. Illustrated by four lithographic figures of the human body.
- Revue Homœopathique du Midi*, publiée à Marseille, par une Société de Médecins. Tome premier, et cinq No. du tome deuxième.
- Allgemeine Zeitung für Homœopathie im Vereine in-und ausländischer Ärtze*, herausgegeben von Drs. I. Nusser und I. B. Buchner. Vol. II. up to No. 20. February, 1850.
- Österreichische Zeitschrift für Homœopathie*. Edited by Dr. Watzke. Vol. IV. Nos. 2 and 3.
- Allgemeine Homœopathische Zeitung*, by Drs. F. Hartmann and F. Rummel. Leipzig: up to the 20th of March, 1850.
- Homœopathische Vierteljahrschrift*. Central-Organ für die gesammte Homœopathie, mit besonderer Berücksichtigung aller medicinischer Hülfswissenschaften, herausgegeben von *Clotar Müller* and *Veit Meyer*, Drs. M. Vol. I. Nos. 1 and 2.
- [Homœopathic Quarterly. Central Organ for Homœopathy *in toto*, with particular reference to all auxiliary medical sciences.]

ERRATUM.

In the editorial notice in the last number, page 288, an unaccountable blunder occurred, by giving the authorship of the article on "Rademacher's Empiric System" to Dr. Griesselich, instead of Dr. Reil.

QUARTERLY HOMŒOPATHIC JOURNAL.

EMPLOYMENT OF EMETICS AND CATHARTICS.*

To the American Institute of Homœopathy.

Gentlemen, — Your Committee, to whom was referred the consideration of a resolution adopted by the Institute, during its last annual session, on the “*Employment of Emetics and Cathartics*” by homœopathic physicians, has given the subject some consideration,* and now, with your leave, offers the following Report.

WM. E. PAYNE, M.D.

Bath, Me.

When first considering the character of the resolution above referred to, your Committee must confess that he felt not a little surprise that the Institute should have suffered a momentary arrest of its attention by such a proposition, as it appeared that the exact relation of such agents to the homœopathic art must have been obvious to every one who had but a moderate understanding, even, of the principles

* This Article forms Appendix VI. of the Proceedings of the American Institute of Homœopathy, at its Annual Meeting in Albany, June, 1850.

upon which homœopathia, as an art, is based. He thought, therefore, that nothing could be said that every *theoretical* and *practical* homœopath did not before know, and was willing to make a rule of his conduct for the tranquillity of his own conscience, and the fulfilment of his duty to homœopathia. But more mature reflection, together with known instances of recreancy with some professed homœopathic physicians, show in clearer light the necessity of making known to the world a criterion by which a correct judgment may be passed upon those who offer themselves as servants of the public. The imputation may be made, without becoming obnoxious to the charge of uncharitableness, that much of homœopathic ground is occupied by *exotics*—a kind of *tare* that will grow with the *wheat*—with those (to drop the figure) who enter the profession from no other than mercenary motives—ready at all times to cater to the whims and prejudices of the public. In consideration of the fact, a further necessity became apparent that this Institute should assume an attitude, in relation to this class of (so called) homœopathic physicians, that cannot be mistaken for *favor* or *supineness*. Homœopathy is beset by *foes* from without, who would crush her if they could; but from such she has nothing to fear, if her *friends* are true to the great principles which Hahnemann fought so long and energetically to establish. In accordance with common courtesy, and the principles of Christian charity, we should treat such opponents with respect, so far as they demean themselves by an honest and fair opposition. For we hold that every man's opinion in this matter should be respected so far as to meet him upon the *plane* of scientific reasoning, provided his opinion is grounded on his own rational perceptions, and is put forth as the honest conviction of his own mind. But, as *practical physicians*, we should leave them alone to the enjoyment of all the glory they may be able to win by the practice of their art. In our own household we have a foe far more formidable; and if it were possible to

arrest truth where it has once found an abiding place among men, by its salutary influence in assuaging suffering, then might we, with much reason, fear that the end of homœopathia is near. Against such influences it seems necessary that those who have the good of homœopathia at heart, and thus the good of their fellow-men, should oppose a barrier. And upon this ground, and this alone, does your Committee conclude to go forward to the duty assigned him.

All systems of medical practice, from the very infancy of the art down to the appearance of homœopathia, however much they have *professed* and *appeared* to differ in essence, were in reality only different *phases* of the same *monstrous* growth; and all new theories and systems of medical practice, that have arisen since that period, are but *excrescences*, which heighten the deformity to a still more loathsome degree. *Thompsonianism*, *chrono-thermalism*, *hydropathy*, &c. are all offsprings of the old system of medical practice, and all belong to an old dispensation that is fast passing away; a dispensation of old things in *medicine*, in *science*, in *philosophy*, and in *civil government*; and all must together work their way for evil or for good, and be numbered at last with the things that *were*.

A result very different from this awaits homœopathia. Your Committee believes that it can be shown by a course of scientific and philosophic reasoning, with the correlative evidence of its almost simultaneous appearance with other great regenerating principles of both the moral and physical worlds, that homœopathia is a new dispensation in medicine, and belongs to a new *era* in *science*, *philosophy*, and *civil government*, and with them must pass along in the fulfilment of her office of good to mankind. She is not an offspring of the old system of medicine. There is no *transition-link* to connect her with theories and systems of bygone days. She stands, in relation to such, isolated and alone. She has no claim upon the indulgence of her predecessor; she asks and

desires no favor at her hand ; she asserts her rights without fear, and will maintain them without favor.

If this be the true character and position of homœopathia, it is not surprising that she should be an object of suspicion and hatred, and be denounced as not of the “true faith and order,” — “a deceiver of the people ;” and that threats of excommunication should be hurled against all those who, in the majesty of freedom, openly confess and embrace the truth ; or that such threats should be enforced, sometimes, as examples of terror to the weak but honest inquirer. The history of every new truth presents us examples of uncompromising hostility in far more exalted places than the “New York Academy of Medicine,” or the “National Convention of Allœopathic Physicians.” At the establishment of the Christian dispensation, we learn from high authority, that he who was cured of his blindness was thrust out of the synagogue, because he was prompted, by sincere convictions of right, to acknowledge openly the authorship of a benefaction so immense. And we further learn that the Jews agreed among themselves, that, if *any* man acknowledged Christ as the true Messiah, *he* should be put out of the synagogue. If the mere fear of losing a place of distinction and profit moved a spirit of opposition so strong among the Jewish Rabbins, a class of people who professed to be governed by the command, “Thou shalt not love thy neighbor as thyself,” can we expect less at the establishment of a new dispensation in medicine, when similar motives are operative, among that class of people who are as proverbial as the Jews for their illiberal and patronizing spirit ?

Homœopathia is the science of specifics, — the realization of an idea which is fast gaining ground in the philosophical world, that not one thing in the whole world of creation is exactly like another, or can fill the place or perform the office of any thing but itself ; and that this diversity of conformation and use is required to form a perfect whole, as

the variety of forms and uses of the various organs and tissues are required to make a perfect human body. Every thing, even the most minute, has a distinct place to fill, and a particular office to perform, which never can be filled completely or performed by another. This idea is not less true than it is beautiful, and it shows us the mutual dependence upon each other of all things, and demonstrates the truth of the proverb that "nothing was made in vain." All things are thus seen to assume a dignity of character, and this is enhanced in the degree that each works out faithfully its legitimate duties in the world; for thus each is performing an indispensable office that cannot be performed by aught else. He who is disposed to think that there is an identity of properties and use in any two organized things in the surrounding world, or that the use of one thing can be replaced by that of another, he may obtain an amount of evidence sufficient to convince him of the erroneous tendency of his thoughts, by critically examining and comparing the symptoms developed by the various drugs contained in the homœopathic materia medica. He may take the four hundred drugs, and compare symptom with symptom, and, after making all necessary allowance for the inadequacy of our language, for the expression of ideas, and the difference of judgment of the different provers, he will find a difference so marked as to convince him that each body maintains an independent position, and occupies a sphere that never can be occupied by any thing else. Now, when passing over this range of four hundred bodies, promiscuously selected, he finds a diversity so marked as to leave no room for doubt, that, so far, the rule is without an exception, he may conclude with a tolerable degree of certainty that such is the fact throughout nature's wide domain.

The objects of the outward and surrounding world admit of a twofold relation, both having a direct and particular reference to man: one is for the formation and sustentation of his body in a state of health, and the other is for its resto-

ration and support when it falls into disease. The one class is denominated *nutrients*, and the other *poisons*. But both are really supporters of life in their own legitimate spheres of action; but out of them they both induce disease, and, at length, death. Thus, that which imparts nutriment and support to the body in a state of health becomes a fruitful source of disease, and the ally of death, when the body becomes sick. And so of the other class which we call *poisons*. In a state of health they are poisonous to the system; but, when the organism is diseased, they become supporters of life till the relation is changed. A consciousness of the necessity, and a desire for food, in a state of health, are grounded in this immutable relation of the human body with the circumambient world; while a conscious necessity and desire for medicine, in disease, have their origin in the same cause. Now, we know from experience and legitimate inference, that every object belonging to this class of (so called) poisons has the power of developing an independent disease, when introduced into the organism when in a state of health,—a disease that no other drug can exactly assimilate; and this truth underlies the whole art of homœopathia. It is from a knowledge of this fact that the true homœopath ceases to generalize,—ceases to rest the result of his treatment on vague *nosologies* and *pathologies*; but first seeks to fix in his mind a true image of the disease, and then searches for a corresponding likeness in the symptomatology of drugs. He knows he cannot neglect or overlook a single symptom, even the most minute, if he would not fail to get an exact image of the disease. If he overlooks or ejects one symptom, he fails to get the image, or neglects the very feature, perhaps, which gives the distinctive character, and consequently must fail of obtaining a corresponding likeness from the vocabulary of drug symptoms. As well might a limner, in portraying a particular face, rest the perfection of the likeness upon the mere formation of the most general features, such as a *nose, eyes, mouth, forehead, chin, ears, &c.*

and reject all the particular lineaments, and call the picture a true image ; or a painter, in depicting a landscape, rest its perfection upon the mere formation of *land, trees, shrubbery, &c.* and disregard the *form* and *particular arrangement* of objects contained in the view, together with *light, shade*, and the laws of *perspective*, and expect an exact transcript. What man, even the most sweeping generalizer, would not regard such a painter as entirely ignorant of the first principles of his art ? And yet the above example perfectly illustrates the character of the generalizer in homœopathia.

Every diseased state of the human organism is represented by some object in the surrounding world ; or every object embraced in that grand division called drugs, or poisons, is an embodiment of active principles, similar in their character to those operative influences, which, when exhibited in the organism, we call disease. This truth is taught us by observation and experience. For example, an individual, after exposure to cold, or depressing atmospheric influences, is suddenly seized by shiverings and chills, alternating with flushes of heat, or followed by burning heat over the whole body ; short and hurried respiration ; hacking and dry cough ; stitching pains in the side of the chest, increased by every deep inspiration ; cough excited or increased by every deep inspiration, and when attempting to speak ; the cough is sometimes hard and dry, with pain in the head, and shootings in the sides, or attended with expectoration of a *viscid, tenacious, lumpy*, and often *muco-sanguineous* mucus. The above are some of the general symptoms that characterize an inflammatory state of the lungs. Of course, in most cases, other symptoms would exist, requiring note in order to complete the picture for practical purposes. But the above symptoms are sufficient for our design. Now, this group of symptoms may be exactly assimilated by the introduction of *phosphorus* into the system when in a state of health, in quantities sufficient to induce disease ; showing, conclusively, that the operating influences in both instances are similar, for

exactly similar effects result in both cases ; and it is an *axiom* that “*like effects can only result from the operation of like causes.*” True, other drugs may induce symptoms indicative of inflammation of the lungs ; but no other drug can exactly assimilate a *phosphorus pneumonia*. We have only to subject the organism to the influence of the various substances that will not subserve its nutrient requirements, in a state of health, to assimilate every disease with which the human body is or ever can be affected, unless, in the mutation and progressive development of the outward world of nature, the character of these bodies so change as to make them differ essentially from what they now are ; in which case there must be a corresponding change in the character of diseases. The homœopathic materia medica will remain incomplete, and consequently the homœopathic physician will be proportionably limited, until every one of these poisons, or drugs, are proved upon the healthy organism. This conclusion can hardly admit of a doubt ; for the proof is ample and convincing to all who are willing to admit a small portion of evidence upon the assent of the rational faculties. But the assent of reason, unsupported by experience, will be not long required ; for the fact that every *natural disease* may be assimilated by a *drug disease* is being demonstrated daily by the labors of a few indefatigable homœopaths in the trial of new drugs. Out of the four hundred of such bodies, selected without regard to their *sectional locality*, or *chemical* or *botanical* differences, we have as many distinct diseases, which have nothing in common but a general morbid resemblance. It is said, as many distinct diseases ; but it *appears* that each drug has the power of developing many diseases. This is not the fact. Again, we will take phosphorus as an example. This drug develops one group of symptoms which we call *pneumonia* ; another, called *typhus abdominalis*, &c. Now, these are not fully developed, distinct, and individual diseases. They are merely fragments of a *phosphorus disease*, or groups of phosphorus symptoms, having a local and particular development.

And if it were possible for any *one* body to sustain the whole power of phosphorus without death, we might see all that it is possible for phosphorus to effect, successively developed in one body. But this can never be. Owing to an hereditary or acquired tendency to disease on the one hand, and a correlation of the drug and a particular organ of the body on the other, one organ is prone to take on more of the power of the drug than any other; and this organ is deprived of its power to sustain its harmonious relation with other organs of the body, and (if long continued) disorganization ensues, and at length death, before the full power of the drug can be developed. But, in each group of symptoms, we shall find that symptom which characterizes the group as belonging to a phosphorus disease. Now, in selecting a remedy for any group of symptoms, it is necessary that this distinctive feature, as shown in a particular group, should be known; otherwise we must fail of success. It is not necessary that we should remember every symptom, but the symptom that characterizes the group as one belonging to a particular drug. When investigating a disease, we shall observe one or more group of symptoms, which for convenience' sake we honor with some special name, it matters not. After collecting and arranging every symptom, even the most minute, according to its relative value, we shall have as perfect a picture of the disease as it is possible to obtain. Now we shall observe, in looking over the picture, that it possesses many symptoms common to many groups. These general features are so strong and prominent, often, as to present almost the same appearance. Nevertheless, the group, as a whole, is unlike any other. The question, then, comes up, What is the distinguishing feature? What has this group of symptoms about it, by which it can be distinguished from any, and, indeed, all other groups? This is the question to be decided by the physician; and, when this is correctly done, he turns his attention to drug diseases to find an exact resemblance, — to find its daguerreotype. In following this

course, the work is accomplished without lumbering the memory with the host of symptoms which every drug is capable of developing; for as surely as the distinctive feature of the group or drug symptoms corresponds with the distinctive feature of a group of symptoms developed in the organism by natural causes, so surely will the correspondence hold good throughout. This general law, governing the relation of both *natural* and *drug* diseases, will not admit of an exception. This is *homœopathia* — “RATIONAL HOMŒOPATHIA,” in its broadest and most particular sense. Here we might close the subject; for it is an inevitable sequence of our reasoning, that *emetics* and *cathartics* have no place in the *therapeia* of homœopathia. But there are those who adhere to the necessity of such means from misconception of the extent of the homœopathic law. There are others, who, though they see the illimitable power of the homœopathic law, still cling to the necessity of such means from the present comparatively limited resources of homœopathia. There is yet another class who allow themselves the latitude of all practices, from habits of indolency; and still another who do so from a disposition to ride upon the flood-tide of popular prejudices. To the first-mentioned class we have only time to say, that the general principles which it has been the endeavor to illustrate in the preceding part of our Report are limited only by the boundaries of disease. No argument can overthrow them, however weak the attempt has proved by your Committee to illustrate them. For the satisfaction of the second class named, it may be well to pursue the subject a little further. To the third and fourth classes we have nothing to offer, but *pity* for the one; and for the duplicity of the other, the *contempt* of all honest men.

The employment of *cathartics*, then, will first claim our attention. It is presumed, that that class of homœopaths, to whom the following remarks are addressed, would not attempt to justify the employment of *cathartics* in any case, except that of long-continued suspension of the excretions

of the intestinal tube, and on no other ground than the present limited resources of the homœopathic materia medica. The tenableness of the first excuse we examine here a little in detail; but the consideration of the latter will be left till *emetics* are considered.

Constipation, or suspended excretions, may depend upon *inertia* of the intestinal tube, as a proximate cause, as in sluggish or cachectic or paralyzed individuals; or upon *spasm*, as in colics and some other forms of acute diseases; or upon a deficiency of the *secretions* and *excretions* of some one or more of the abdominal organs. Now, in all these conditions, suspended *defecation* is only symptomatic; but it is a symptom so general that we can hardly ever fix upon it as characteristic of the disease. In every variety of the above-mentioned conditions, we shall find a group of symptoms, more or less extended, which group will as truly represent the special pathological condition as *words* represent *thoughts*, and *actions* represent *feelings*; and this group constitute the *only* guide to the true condition of the organism. He who disregards these *indices* of disease, and thinks to adapt a remedy by guessing at its *pathology*, may, with equal propriety, expect a transfer of his body to a distant place without intermediate steps; or look for the creation of a picture without *paints* of various colors, and *oils*, with a total disregard of *perspective* and the laws of *chiaro-oscuro*. Now, as *suspended defecation*, or *constipation*, is only one symptom of a group, — an integral part of the whole, it is clear that its removal cannot be alone effected, without changing the relation of all the other symptoms of the group, and substituting, for the time at least, a medicinal symptom, — making the disease, by complication, probably worse; possibly better. A true homœopath would not seek to alter the *phasis* of a single symptom; for by so doing he cripples his ability, and thus defeats the accomplishment of his own purpose. He would proceed, therefore, to the removal of *constipation* in the same way that he would proceed to the removal of any

other symptom, viz. by transferring to paper every symptom, even the most minute—give to each a systematic and orderly arrangement—seek out the feature that distinguishes the group from all others; then turn to his record of drug symptoms, and seek there a group having an exact correspondence, and by virtue of the homœopathic law—the universal law of kindred consociation—he will surely see the desired result follow his labor.

The above are a few of the many objections, from theory, that might be offered against the employment of *cathartics* for the removal of constipation. Does experience sustain the objections? This question is answered in the affirmative by the united observations of the *profession* and *laity*. If constipation is the disease, and not merely the *effect*, or a symptom of a derangement of the vitality of the organism, then surely it would be the most easily removed of any disease, by the ordinary routine practice. But does the old school doctor, who professes to treat diseases according to their pathology, carry out his profession in the treatment of constipation? We shall see. He first decides the character of his case, according to the received pathological doctrine, that suspended defecation is dependent upon inactivity of the intestinal tube; or a deficiency of biliary secretion and excretion; or, perhaps, it is owing to a constricted state of the tube. This point is decided. Does he vary his remedy in adaptation to his supposed pathology? No; physic is his “sheet anchor,” upon the power of which he rests his whole hope of success. Now, what is the result of this mode of procedure, as shown by common observation? In the pathological condition of the first and second-named cases, *i.e.* in *inactivity* of the intestinal tract, and *deficiency* of *secretion* and *excretion*, the mechanical and poisonous qualities of the drug excite at first an increased action of the whole canal, which causes, to be sure, a disgorgement of the fæcal contents, and a momentary relief to some remote organ, during the active period of the drug disease. But a corresponding

state of inactivity must follow ; and we see, in the end, that he has gained absolutely nothing, but has added to the former condition the depressing influence of a drug disease. That two states, the opposite of each other, follow the employment of all drugs in cathartic doses, all experience shows ; first, a violent disgorgement of the contents of the bowels ; then follows a corresponding inactive state. Similar opposite states result from all violent influences upon the organism ; that is, if re-action ever takes place at all. Plunge the hand into cold water or snow, and at first we get a cold, pale, and shrunken state ; then follows a corresponding degree of heat, redness, and puffed condition. Sleep and inordinate wakefulness follow the employment of *opium* in allœopathic doses, and so on through the whole catalogue. And in the latter condition, that is, when *constipation* is dependent on *spasm*, as a proximate cause, the result of cathartics is much worse than in the before-mentioned conditions. The local irritation produced by the mechanical and poisonous qualities of the drug is added to that already existing in the bowels, and death is not unfrequently the result. Hence, we often hear of death from *bilious colic*, or from *inflammation of the bowels*, because “*physic would not operate* ;” when, in fact, “*physic*” operated in the very way one might suppose it would operate. Thus we may see what a homœopath would gain, or rather what he would *not* gain, by the employment of cathartics. He would not remove that one symptom, even, for which he had given the cathartic ; but, instead, would add to the original group a group of medicinal symptoms, which would so mask the disease as to render it impossible to make out the distinctive feature, and thus preclude all possibility of adapting a remedy. He must, then, abandon all hope of pursuing the homœopathic treatment of his patient ; and, of necessity, throw himself, with his patient, into the blind mazes of allœopathia, the end of which would be, most likely, a complete wreck of all his most ardent wishes, unless nature by chance,

in the conflict, should gain the ascendancy, and avert the impending blow. Such, gentlemen, is a very brief and imperfect statement of the relation of cathartics to homœopathia; and to their above-described effects upon the human organism it is believed that every observing and unbiassed physician must bear testimony.

We now turn our attention for a few moments to the consideration of *emetics*. It is obvious, that, in regard to their admissibility into the category of therapeutic agents, the same objections may be urged, and the same arguments used, that negative the efficacy of *cathartics*. A medicinal disease of like virulence would follow their employment; and, provided no injury would result to the organism from the depressing influence of such medicinal disease, we should get, combined with the original disease, a group of drug symptoms, which would place even a hope of defining the boundaries of the natural disease, and consequently choosing a remedy according to the homœopathic law, entirely out of the question. Every homœopath will readily see the injury that is thus inevitable from the employment of such means. And in what direction could he look for an adequate favorable result? We are told by the pathological doctor, that the stomach sometimes contains impurities, such as *bile*, *mucus*, and other *vitiating secretions*, which must be removed in order that the stomach may regain its wonted *tone* and *energy*. But, when such matters are contained in the stomach, we contend that they are mere *effects* of a derangement of the vitality of the organism, — the *effect* of a disease more deeply seated, and *not* the *cause* of disease. By a little reflection this may be seen to be true; and it is matter of much surprise that the old school doctors, after having been engaged for two thousand years with the merest shadow of success, in this work of cleansing the stomach of these “impurities,” have not suspected even the soundness of their reasoning. As well might one, after mingling poisons at the fountain-head of New York’s far-famed Croton, expect to purify its waters by

ejecting from the contents of one of its reservoirs, or commence the purification by mingling some counteracting agent with the water of one or more of its branches, as to expect to remove the *cause* upon which these "*viliated*" matters are dependent, by forcibly ejecting them from the stomach. There would be just as much philosophy in the one as in the other proceeding; and yet the above examples perfectly illustrate the philosophy of the old school practice of medicine. And herein, it may be incidentally remarked, is a grand distinction between homœopathia and allœopathia. The latter school is in constant effort to remove *effects*, while the former is as constantly at work removing *causes*. The homœopath does not regard *effects*, only so far as they subserve the purpose of leading him inward to *causes*. *Effects* are only symptoms which *point*, but unerringly, to the specific character of the disturbed vital forces; and by these *symptoms*, or *effects*, the homœopath is led onward, by a just interpretation, to the *cause*, and to the *cause* there is no other way of approach. Therefore he would not suppress, or in any way mask, a symptom; for, in the instant of such an act, he loses his way. But an allœopath does not look beyond the effect. If pain is present, which is but the effect, and consequently a true expression of the disease, as far as it goes, he gives opium to put it out of the way. But even this object is accomplished only while the opium disease is operative. If the bowels are constricted (another symptom), he gives "physic;" and, during the active period of the drug disease, constipation is overcome, but to be followed by a worse constriction than before existed. If a *scirrhus* condition of the *mammary gland* exists (another symptom), he removes it with the knife; but the only influence this has over the *cause* is to force it to embody itself in some organ nearer the centre of life, and dissolution is proportionably hastened; and so on through the whole catalogue. Thus we may see that the *pathological* or old school doctor is *really* the *symptomatic* doctor, for his whole effort is to suppress

symptoms, beyond which he cannot go; while the homœopath, by the same symptoms, is guided onward to the cause.

Your Committee can see no instance wherein the promotion of vomiting, by artificial means, is at all admissible, except in instances where some foreign and indigestible body has been taken into the stomach, and is not spontaneously ejected by the revolting powers of the system. And in such a case it should be resorted to for the same reason that one would remove a foreign substance from the flesh of any part of the body. But *emetics* are hardly ever, if ever, necessary to effect this object. Drinking freely of lukewarm water, or irritating the *fauces* with the point of the finger, will almost always effect the desired object; and whatever symptoms remain after the removal of the offending matter should be treated by a *dynamized* drug — homœopathic to them. If, by possibility, a case should arise where the offending matter could not be removed in any other way than by the aid of an *emetic*, it would be proper to resort to such an expedient. But your Committee can affirm, that, in the pretty extensive practice of ten years, he has not seen an instance wherein indigestible bodies have not been removed by the means above mentioned, without the aid of *emetics*.

In view of the above considerations, it is the opinion of your Committee, that, with the above-named exception (if it can be called any thing more than an exception against probabilities), the employment of either *emetics* or *cathartics*, by homœopathic physicians, is not only unnecessary, but highly improper. It would not only derange and complicate the whole natural development of the disease, but it would be rendering countenance and support to a system of medication that has no foundation but in the imagination, and divert the attention of the physician from the legitimate aim of medicine, and belie the power and resources of the homœopathic art.

As to the *necessity* of employing *emetics* and *cathartics*, together with other allœopathic means, in consequence of the

limited resources of the homœopathic materia medica, your Committee is aware that an *honest* difference of opinion may obtain. But it is believed that a judicious experience alone can settle the question. An experience of ten years, on the part of your Committee, which embraces a pretty extensive range of diseases, satisfies him, that, if such necessity does exist with homœopaths, instances requiring such aid are very rare indeed. Cases have repeatedly come under his care where the bowels have remained inactive for from *three* to *fifteen* days, in acute diseases; after which this symptom gave way with others, and the evacuations were as perfectly natural as if the functions of the body, all along, had been performed healthily. And in *chronic diseases*, he has known a much longer period even elapse between the evacuations, without the slightest injury.

Your Committee once thought that there *might* be a necessity, in the present state of the science, to adopt other means than those presented by homœopathia, in the treatment of diseases; and doubtless such a conclusion may have been arrived at by almost every homœopath, some time in the course of their professional career. But much reflection, with considerable experience of the ample resources of homœopathia, has satisfied him that such a conclusion, without considerable qualification, would leave one standing upon dangerous ground. One of its bad results would be, carelessness in the study of the materia medica; and, in urgent and obscure cases, a hasty abandonment of the homœopathic law; and would eventually end in a return to the "glorious uncertainty" of allœopathia. It is not believed that we have within our reach a specific for every disease which might, by possibility, come up for treatment; for this would presuppose a perfection of the homœopathic materia medica; and this perfection never can be accomplished, till every substance, standing in a poisonous relation to the human organism in a state of health, has been proved upon the healthy body. If a case presents that cannot be covered

by the present resources of homœopathia, and the patient is desirous of trying allœopathic treatment, it is our mind that he should place himself under the charge of an allœopathic physician, who certainly must have more confidence in that mode of treatment than could be entertained by any homœopath; and consequently the chances would be in favor of better results. And should a patient pass over into the hands of an allœopath, and by chance recover (a circumstance, by the way, that does not often occur), what then? Homœopathia surely is not so *poor* in *results*, that she cannot afford to lose any; nor is allœopathia so *rich* in *success*, as not to require all the advantage she may be able to gain in this way.

To those who have a belief in the ever-watchful care of a Divine Providence, it will seem probable that all means have been provided for the protection and comfort of the creatures of His will; and that, in accordance with this provident care, a remedy has been provided for every disease, and that man's knowledge of these remedies must be somewhat in a *ratio* with the necessities for their use. If this be admitted (and of its truth there can be no doubt), then must be made, as the result of legitimate reasoning, the further admission, that the range of diseases of the present day correspond very nearly to those drugs, the properties of which have been learned in the only way by which the properties of drugs can be known, viz. by trial on the healthy organism. But we say our remedies are yet limited in numbers, when compared with the multitudinous diseases with which the human family is afflicted. This is a necessary sequence of our course of reasoning; but it is believed that the *knowledge* of remedies, by the majority of homœopathic physicians, is far more limited than the remedies themselves, and from this cause alone arise a large proportion of the failures that follow the labors of those engaged in the profession. And here it may be permitted to adduce a case illustrative of this want of knowledge of drugs. The case occurred two years

since. The patient was about forty years of age, and had been an *asthmatic* for about twenty years. Like most other *asthmatics*, he had exhausted the skill of the allœopathic school, together with the whole catalogue of *quack nostrums* palmed upon the public as “*sure cures*” for the “thousand and one” complaints to which flesh is heir; and “*was nothing bettered, but rather grew worse.*” In one of his struggles for help, he fell upon a *nostrum* which put an end, as he verily believed, to all his sufferings. But mark the sequel. Instead of the long-looked-for immunity from suffering, he got in exchange what were termed *cramps* of the stomach; presenting a very alarming aspect, and subjecting the patient to far greater suffering than he had ever before endured, during his worst paroxysms of asthma. By repeated doses of *morphia*, followed by *cathartics*, each attack was subdued; but he was usually left in a very miserable condition, from which he was a long time in recovering. Every subsequent attack became more unmanageable, and lasted longer, satisfying him at last that there was no hope of cure from the course he was then pursuing; and he determined to try the power of homœopathia in the very next attack. The opportunity was not long wanting, and I was called in the early stage of the attack. His disease was then presenting its usual aspect in form and severity at that early period. He said that he had suffered all night; that the pain, as usual, gradually increased in severity, and unless relieved, it appeared to him that it would soon get past endurance; also, that he had never been relieved except by *opium* or *morphia*, and that this was making such inroads upon his health, he felt that he should not long survive the attacks, and the means used to subdue them. My observation did not confirm the *reported* location of the pain; but, instead of the stomach, its centre was in the right side of the chest, beneath the *fifth*, *sixth*, and *seventh* ribs, anterior to their angles; extending along the margins of false ribs, and reaching as far forwards and downwards as the *epigastrium*,

and sometimes extending through to the back. I am unable to give an intelligible description of the character of the pain, for I never could get a satisfactory idea from the patient. It was *cramp-like*, as nearly as I could judge from the patient's account; remittent, but never intermittent. After it commenced, it never ceased without the aid of medicine. There was no soreness or pressure, nor did the pain seem to be influenced, in any way, by respiration or motion. After a hasty examination of the case, but considering principally the character of his former attacks of asthma, I gave *nux vomica*, but without relief. I then gave *pulsatilla* with apparent good effect. This relief continued for a period of five or six hours, when the pain returned with renewed force. *Pulsatilla* no longer gave relief. The sufferings gradually increased to a frightful degree. The surface of the body was covered by a *cold, clammy* sweat. Feet and hands very cold. Pulse full, rather slow, and oppressed. Frightful contortion of the eyes, — at times rolled upwards, with tears coursing down the cheeks as if suffering intense agony. This rolling upwards of the eyes and contortion of the limbs did not seem to be properly spasmodic, but rather an effort to obtain some relief by inflicting pain on some remote part of the body. He exerted a great degree of physical strength, clenching any object in his way with a herculean grasp, and assumed almost every position in which the body could be placed. These severe paroxysms of pain were succeeded by a form of suffering, worse, if possible, than the pain, viz. a feeling, as he expressed it, as if the whole stomach would fall out. This, in general, was the condition of the patient, when he had been under my charge for eight or ten hours. I had used every drug, the *pathogenesis* of which bore any similarity to the case, as far as I was then able to judge, and all without the least possible perceptible effect. The patient was evidently growing worse; and his wife, together with other friends, were becoming very uneasy, as well they might, and talked strongly, as I afterwards learned, of call-

ing in their old physician. All confidence would have been lost long before, and another physician called, had they not have been surrounded by my friends and the friends of homœopathia, who inspired hope, even against all probability. "Hold on a little longer," said they; "we think homœopathia will yet prevail." But here was the patient in apparently a sinking condition, and all the available resources of homœopathia had been exhausted. What is to be done? was the question constantly recurring. Shall I abandon him to allœopathia, where I am sure he will get nothing but palliation; or palliate myself, and, during the interval of relief, institute one more search for a remedy? I determined on the latter course; for, if I did not succeed in finding a remedy homœopathic to the case, the patient would be no worse off than if now turned over to allœopathia, and could then abandon him; for I had long before determined never to *attempt to cure* a patient by allœopathic means. I accordingly administered a drug, sufficient in bulk to secure an anodyne effect. Relief was prompt and satisfactory to both patient and friends, but far otherwise with me. I then left him for the night; but, on returning the following morning, learned that he had not slept, but found him indulging all sorts of *fancies* — happy — laughing — talking — a half-intoxicated expression — constant itching and rubbing of the nose — itching, and scratching of the scalp and skin of the whole body. Ordered strong coffee as an antidote, and left him for two hours. On my return, found him calm; had slept, but there was some uneasiness of the side. No further medicine was given at the time. Visited him again in the evening; pain had increased gradually, as the anodyne effect of the drug passed away, but ordered nothing. In the meantime I applied myself to the "*Materia Medica Pura*," at all leisure moments. I retired that night with gloomy anticipations, more for the honor of homœopathia than the temporary arrest of confidence in me as a physician, and consequent decrease of

practice. In accordance with my expectation, was again summoned very early in the morning. Found my patient suffering severely from pain of the same character, and in the same location. He had not slept, or even laid down, during the night. The same gloomy prospect was in anticipation; or it can hardly be said to have been in anticipation, for it was even at the door. In the *interim*, however, I had made choice of the only remedy which I proposed trying, upon the failure of which I determined to turn my patient over to allœopathia; not from the conclusion that homœopathia, as a principle, was at fault; but that either her resources had not been sufficiently developed, or that my knowledge of the “*Materia Medica Pura*” was not sufficient to enable me to adapt a remedy to the case. I had no questions to ask. I had predetermined, and it only remained to carry that determination into act. I therefore ordered a little soft water, into a half tumbler of which I dropped two drops of *colchicum* 3, and, after agitating it briskly for a few seconds, gave a teaspoonful. Two minutes may have elapsed, when he said the pain was going; and when I took leave of him, say ten minutes from the time I entered his apartment, he was almost wholly relieved. Four years have since elapsed, and he has not had the slightest return, or had not at my last intelligence. His asthma, however, returned; for two of the paroxysms of which I prescribed with relief; but, as he removed to a distant part of the country, I could not pursue the treatment. Now, nothing can be more certain to the senses than that the *colchicum* was effective; and that it was *not* effective by any principle of action acknowledged by the old school is equally as certain. The material bulk transcends the limits of any thing to which they attach power; and its action was much more rapid than ever observed of *colchicum* in its crude state. Now, as it is certain that the *colchicum* did produce effects, it is equally certain, that, by its preparation and peculiar relation to the disease for which it was given, a power altogether unknown to old school

physicians became available. The power was not *alone* the result of the preparation of the drug, neither *alone* the result of the peculiar relation which the drug bore to the disease, but the result of both combined. If either condition had been disregarded, the result would have been changed. There are many states of the system, in disease, in which *colchicum* of the third attenuation would not produce any perceptible effect, much less a favorable one; and, even when the *peculiar* or homœopathic relation does exist between the drug and the disease, the crude drug fails of accomplishing what is accomplished by the same drug in an attenuated or *potentized* form. These are not mere speculations, but *facts*, observed and confirmed by numerous acute, careful, industrious, and honest minds.

But to return to the more direct object of detailing the above case; it may be seen that a very different result might have followed, and, consequently, very different conclusions drawn, had the case taken the turn that seemed at one time almost inevitable. Had I abandoned it, as I was often on the point of doing, I might have decided, by the aid of a very small share of vanity, that either the homœopathic principle was at fault, or the materia medica did not contain a remedy homœopathic to the disease, when in fact neither was the case, as the result proved. It is true the homœopathicity of *colchicum* to the above case is not so strongly marked (owing, as I suppose, to the imperfect proving of the drug) that one would approach it without hesitation. But its homœopathic features are sufficiently marked to bespeak for it a trial in a case presenting the general features of the above before abandoning it. Cramp-like pains are quite characteristic of *colchicum*; cramps of the chest; sudden sinking of strength, as was the case in the *epigastrium* and *chest*; also, aggravation of all the symptoms at night, and sweat, are symptoms which show more directly the homœopathicity of *colchicum*. But, by a more strict analysis, its homœopathicity may become more apparent, even with the

present fragmentary proving. *Colchicum* also seems to possess a peculiar power over those forms of suffering, resulting from the suppression of other forms, or in metastasis of disease.

I am aware that, while this case shows us that many failures may be attributed to a want of *knowledge* of what remedies we already possess, rather than to the limited number, it may be used to prove the propriety of resorting to palliatives in order to acquire time for the selection of a remedy; and this propriety we may admit with much qualification. But your Committee can hardly conceive of a state of the system differing from the above, unless it may be that of a *neuralgic* character, wherein the employment of medicines, for the purpose of palliating sufferings, even to acquire time for the selection of a remedy, would be proper or useful, either to the patient or homœopathia. The peculiar condition of the system, in which palliation would not prove positively injurious, is a matter of as nice a consideration, and involves a conclusion nearly as difficult to be arrived at, as the choice of a remedy homœopathically adapted to the case under consideration.

And here your Committee may be allowed to say, that he believes the interests of homœopathia will *advance* just in the proportion that the law developed by Hahnemann, of applying remedies, is adhered to; and it will be *retarded* just in the degree that the latitude of all methods is allowed. The truth is as much in force in medicine as it is in religion, that "*We cannot serve two masters.*" And it is believed to be a very mistaken idea that the spread of homœopathia will be promoted by ceding some of its ground to alloëopathia. Homœopathia seldom will commend itself to any one in this age, by reasoning *a priori*; for the human mind is so deeply immersed in mere materialism that it is difficult to entertain an idea of power aside from weight and measurement. By its fruits, homœopathia is to be known; and certainly no one can use it so successfully as he who gives it his undivided

attention. He who attempts to unite it with aught else will be always below mediocrity. He *may* gain, it is true, a kind of mushroom notoriety, and thus fill his pockets with lucre ; but he must rest as an incubus upon science, which can only be thrown off by the upheaving of truth. Every one who prescribes a drug should do so with a religious observance of the homœopathic law of cure ; and he who *wilfully* evades it, for the purpose of accomplishing some selfish end, should be regarded with distrust.

The subject of attenuation has elicited much discussion, and often angry debate ; but no just reason can be seen for harsh words or unkindly thought. Experience alone is to settle the question. This point seems not yet to have come within the pale of any known law ; but we hope and believe, that a general principle will yet be educed from the accumulating experience of the profession, by which the requisite attenuations, in individual cases, may be selected with as much certainty and readiness as the remedy itself. Your Committee has thus far allowed himself the latitude of the whole scale, from the *undiluted tinctures* to the two-thousandth attenuation ; and he can confidently affirm, that his experience has been decidedly in favor of attenuated medicines, and those of a higher order, — mostly of the thirtieth ; yet he has found diseases wherein the *undiluted tinctures* were decidedly preferable ; and *others*, wherein the two-thousandth attenuation alone would reach the case. Throughout his investigations he has ever kept in view the declaration of Holy Writ, which he believes to be as true in relation to the regions of *science* and *philosophy* as to those of *morals* and *religion*, that “ *God is not in the wind, nor in the earthquake, nor in the fire, but in the STILL SMALL VOICE.*”

FIRST ESSAY BY HAHNEMANN ON THE HOMŒOPATHIC PRINCIPLE.

(Continued from page 364, vol. ii.)

St. Ignatius' bean (*Ignatia amara*) has been observed to produce trembling of several hours' duration, twitchings, cramps, irascibility, sardonic laughter, giddiness, cold perspiration. In similar cases it will show its efficacy, as experience has partly demonstrated. It produces febrile rigor, and (in its secondary action?) stiffness of the limbs; and thus it has cured, by similarity of action, intermittent fever, which would not yield to bark; probably it was that less simple form of intermittent in which the complication consisted of excessive sensitiveness and increased irritability (especially of the *primæ viæ*). But the other symptoms it can produce must be more accurately observed, before we can employ it in those cases for which it is exactly suited from similarity of symptoms.

The *purple foxglove* (*digitalis purpurea*) causes the most excessive disgust at food; during its continued use, therefore, ravenous hunger not unfrequently ensues. It causes a kind of mental derangement, which is not easily recognizable, as it only shows itself in unmeaning words, refractory disposition, obstinacy, cunning, disobedience, inclination to run away, &c. which its continued use frequently removes. Now as, in addition to these, it produces in its direct action violent headaches, giddiness, pain in the stomach, great diminution of the vital powers, sense of dissolution and the near approach of death, a diminution of the rapidity of the heart's beats by one-half, and reduction of the vital temperature, it may easily be guessed in what kind of madness it will be of service; and that it has in fact been useful in some kinds of this disease, many observations testify, only their particular symptoms have not been recorded. In the glands

it creates an itching and painful sensation, which accounts for its efficacy in glandular swellings.

It produces, as I have seen, inflammation of the Meibomian glands, and is a certain cure for such inflammations. Moreover, as it appears to depress the circulation, so does it seem to excite the absorbent vessels, and to be most serviceable where both are too torpid. The former it assists by virtue of similarity, the latter by virtue of antagonism of action. But, as the direct action of foxglove persists so long (there are examples of its lasting five or six days), it may, as an antagonistically acting remedy, take the place of a permanent curative agent. The last observation is in reference to its diuretic property in dropsy; it is antagonistic and palliative, but nevertheless enduring, and valuable on that account merely.

In its secondary action it causes a small, hard, rapid pulse; it is not, therefore, so suitable for patients that have a similar (febrile) pulse, but rather for such as have a pulse like what foxglove produces in its direct action,—slow, soft. The convulsions it causes in large doses assign it a place among the anti-epileptic remedies; probably it is only useful in epilepsy under certain conditions, to be determined by the other morbid symptoms it produces. During its use, objects not unfrequently appear of various colors, and the sight becomes obscured; it will remove similar affections of the retina. (Its tendency to produce diarrhœa, sometimes so adverse to the cure, is counteracted, as I have ascertained, by the addition of potash.)

As the direct action of foxglove lasts occasionally several days (the longer its use is continued, the longer lasts the direct action of each dose; a very remarkable fact, not to be lost sight of in practice), it is evident how erroneously those act, who, with the best intentions, prescribe it in small doses, but frequently repeated (the action of the first not having expired before they have already given the sixth or eighth); and thus, in fact, they give, although unwittingly, an enor-

mous quantity, which not unfrequently causes death.* A dose is necessary only every three, or at most every two days, but the more rarely the longer it has been used. (During the continuance of its direct action, cinchona bark must not be prescribed ; it increases the anxiety caused by foxglove, as I have found, to an almost mortal agony.)

The *pansy violet* (*viola tricolor*) at first increases cutaneous eruptions, and thus shows its power to produce skin diseases, and consequently to cure the same effectually and permanently.

Ipecacuanha is used with advantage in affections against which nature herself makes some efforts, but is too powerless to effect the desired object. In these, *ipecacuanha* presents to the nerves of the upper orifice of the stomach, the most sensitive part of the organ of vitality, a substance that produces a most uncongenial disgust, nausea, anxiety, thus acting in a similar manner to the morbid material that is to be removed. Against this double attack, nature exerts antagonistically her powers with still greater energy ; and thus, by means of this increased exertion, the morbid matter is the more easily removed. Thus fevers are brought to the crisis, stoppages in the viscera of the abdomen and of the chest, and in the womb, put in motion, miasmata of contagious diseases expelled by the skin, cramp relieved by the cramp that *ipecacuanha* itself produces, their tension and freedom restored to vessels disposed to hemorrhage from relaxation, or from the irritation of an acrid substance deposited in them, &c. But most distinctly does it act as a similarly acting remedy to the disease sought to be cured, in cases of chronic disposition to vomit without bringing any thing away. Here it should be given in very small doses, in order to excite fre-

* A woman in Edinburgh got for three successive days, each day, three doses, consisting of two grains of the pulverized leaves of foxglove ; and it was a matter of surprise that she died from such small doses, after vomiting for six days. It must be remembered, however, that it was the same as if she had taken eighteen grains at one dose.

quent nausea; and the tendency to vomit goes off more and more radically at each dose than it would with any palliative remedy.

Some benefit may be anticipated in some kinds of chronic palpitation of the heart, &c. from the administration of the *rose-bay* (*nerium oleander*), which has the power of causing palpitation, anxiety, and fainting. It causes swellings of the abdomen and diminution of the vital temperature, and seems to be a most powerful vegetable.

The morbid symptoms produced by the *nerium antidysentericum* are not sufficiently known to enable us to assign the cause of its real remedial powers; but, as it primarily increases the stools, it apparently subdues diarrhœas as a similarly acting remedy.

The *bear's-berry* (*arbutus uva ursi*) has actually, without possessing any acidity perceptible to the senses, not unfrequently increased the difficulty of passing water, and the involuntary flow of urine, by some power peculiar to itself; thereby showing that it has a tendency to produce such affections; and hence, as experience also testifies, it is capable of curing similar disorders in a permanent manner.

The *golden-flowered rhododendron* (*rhododendron chrysanthum*) shows, by the burning, formicating, and shooting pains it produces in the parts affected, that it is certainly fitted to relieve, by similarity of action, pains in the joints of various kinds, as experience also teaches. It causes difficulty of breathing and cutaneous eruptions; and thus it will prove useful in similar disorders, as also inflammation of the eyes, because it produces lacrymation and itching of the eyes.

The *marsh-tea* (*ledum palustre*) causes, as I have ascertained, among other effects, difficult, painful respiration; this accounts for its efficacy in whooping-cough, probably also in morbid tightness of the chest. Will it not be useful in pleurisy, as its power of so greatly diminishing the temperature of the blood (in its secondary action) will hasten recovery? It causes a painful shooting sensation in all parts of

the throat, as I have observed; and hence its uncommon virtues in malignant and inflammatory sore throat. Equally specific is, as I have noticed, its power of causing troublesome itching in the skin; and hence its great efficacy in chronic skin diseases.

The anxiety and the faintings it occasions may prove of use in similar cases. As a transitory and antagonistically acting powerful diuretic and diaphoretic remedy, it may cure dropsies; more certainly, however, acute than chronic.

On some of these properties depends its reputation in dysentery. But were they real cases of dysentery, or some of those painful diarrhœas so often taken for it? In the latter case, it may, as a palliative remedy, certainly hasten the cure, and even help to complete it; but in true uncomplicated dysentery, I have never seen it of any use. The long-continued weakness it occasions was against its being used for a length of time; and it ameliorated neither the tenesmus nor the character of the excretions, though these became more rare. The symptoms of deranged biliary secretion were rather worse during its use, than when the patients were left without medicine. It causes a peculiar ill-humor, headache, and mental confusion; the lower extremities totter, and the pupils dilate. (Do both the latter symptoms, or merely the last, belong to the secondary action only?) An infusion of ten grains once a day was a sufficient dose for a six-years' old child.

The primary direct action of *opium* (*papaver somniferum*) consists in transitory elevation of the vital powers, and strengthening of the tone of the blood-vessels and muscles, especially of those belonging to the animal and vital functions, as also in excitation of the mental organs,—the memory, the imagination, and the organ of the passions. Thus, moderate doses are followed by a disposition to work, sprightliness in conversation, wit, remembrance of former times, amorousness, &c.; large doses by boldness, courage, revenge, inordinate hilarity, lasciviousness; still large doses

by madness, convulsions. The greater the dose, the more do the individuality, the freedom, and the voluntary power of the mind suffer in sensations, capability of judgment and of acting. Hence, inattention to external disagreeable circumstances, to pain, &c. This condition, however, does not last long. It is gradually followed by loss of ideas, the pictures of fancy fade by degrees, there supervene relaxation of the fibre, sleep. If the use of elevated doses is continued, the consequences (indirect secondary action) are weakness, sleepiness, listlessness, grumbling, discomfort, sadness, loss of memory (insensibility, imbecility), until a new excitation by opium, or something similar, is produced. In the direct action, the irritability of the fibre seems to be diminished in the same proportion as its tone is increased; in the secondary action, the latter is diminished, the former increased.* The direct action prevents the mind still more than the secondary action from taking cognizance of sensations (pain, sorrow, &c.); and hence its great pain-subduing power.

(In cases where the direct action as a cordial is necessary, it will be requisite to repeat the administration of it every three or four hours, that is, each time before the relaxing secondary action which so much increases the irritability ensues. In all such cases, it acts merely antagonistically, as a palliative remedy. Permanent strengthening powers are not to be expected from it used in this manner, least of all in chronic weakness. This, however, is a digression.)

But, if it is wished to depress permanently the tone of the fibre (I give this name to the power of the fibre to contract

* There occurs a marked sensitiveness, especially for things that produce disagreeable effects, for fright, grief, fear, for inclement weather, &c. If the mobility of the fibre which occurs secondarily is called increased irritability, I have nothing to object to the term; its seat of action, however, is but small: it is either that the fibre is too relaxed, and cannot contract much, or that it is in a too contracted condition, and is relaxed easily indeed, but not sufficiently, consequently is incapable of making any powerful effort. In this condition of the fibre, the tendency to chronic inflammation is unmistakable.

and relax completely), to diminish permanently the deficiency of irritability, as is the case in some cases of mania, in such circumstances we may employ opium with success, as a similarly acting remedy, given in elevated doses, and making use of its indirect secondary action. According to this principle we must judge of the treatment which consists in giving opium in true inflammatory diseases, *e.g.* pleurisy.

In such cases, a dose is necessary every twelve or twenty-four hours.

It appears that this indirect secondary action has been made use of on the principle of a similarly acting remedy; which, as far as I am aware, is not the case with any other medicine. Opium has, for instance, been given with the greatest success, not in true syphilitic diseases, for that would be a delusion, but in the disastrous effects that so often arise from the abuse of mercury in syphilis, which are sometimes much worse than the syphilis itself.

Before illustrating this employment of opium, I must say something appropriate to the subject, concerning the nature of syphilis, and introduce here what I have to say concerning mercury.

Syphilitic disease depends upon a virus, which, besides other peculiarities that it develops in the human body, has an especial tendency to produce inflammatory and suppurating swellings of the glands, (to weaken the tone?) to make the mechanical connection of the fibres so disposed to separation, that numerous spreading ulcers arise, whose incurable character may be known by their round figure; and, lastly, to increase the irritability. Now, as such a chronic disease can only be cured by a remedy capable of developing a disease of similar character, no more efficacious remedy could be conceived than mercury.

The most remarkable power of mercury consists in this, that in its direct action it irritates the glandular system (and leaves behind it glandular indurations as its secondary indirect action), weakens the tone of the fibres and their connec-

tion, and disposes them to separation in such a manner that a number of spreading ulcers arise, whose incurable nature is shown by their round form; and, lastly, increases uncommonly the irritability (and sensibility). Experience has confirmed it as a specific; but as there does not exist any remedy exactly similar to the disease, so the mercurial disease (the changes and symptoms it usually produces in the body) is still very different from the nature of syphilis. The syphilitic ulcers are confined to the most superficial parts, especially the deuteropathic ones (the protopathic ulcers increase slowly in extent); they secrete a viscid fluid in place of pus, their borders are almost level with the skin (except the protopathic ones), and are almost quite painless (excepting the protopathic ulcer, that arising from the primary infection, and the suppurating inguinal gland). The mercurial ulcers burrow deeper (rapidly increase in size), are excessively painful, and secrete sometimes an acrid thin ichor; sometimes they are covered with a dirty cheesy coating, which also overlays their borders. The glandular swellings of syphilis remain but for a few days; they are either rapidly resolved, or the gland suppurates. The glands attacked by mercury are stimulated to increased action by the direct action of this metal (and thus glandular swellings from other causes disappear rapidly under its use), or they are left in the state of cold indurations during the indirect secondary action. The syphilitic virus produces induration of the periosteum* of those bones which are nearest the surface, and least covered with flesh; they are the seat of excessive pains. In our days, this poison, however, never produces caries,† notwithstanding all my researches to discover the contrary. Mercury destroys the connection of the solid parts, not of the soft parts only, but also of the bones; it first corrodes the most spongy and concealed bones, and

* The membrane which surrounds the bones. (Ed.)

† Ulceration of the bones. (Ed.)

this caries is only aggravated the more rapidly by the continued use of the metal. Wounds which have arisen from external violence are changed by the use of mercury into old ulcers, difficult of cure; a circumstance that does not occur with syphilis. The trembling, so remarkable in the mercurial disease, does not occur in syphilis. From the use of mercury there ensues an insidious, very debilitating fever, with thirst, and great and rapid emaciation. The emaciation and weakness from syphilis come on slowly, and remain within moderate limits. Excessive sensitiveness and sleeplessness are peculiar to the mercurial disease, but not to syphilis. The most of these symptoms seem to be owing rather to the indirect secondary action, than to the direct action of the mercury.

I have been so circumstantial on this subject, because it is often very difficult* for the practitioner to distinguish the chronic mercurial disease from the symptoms of syphilis; and thus he will be apt to consider symptoms as belonging to that disorder, whilst they are only mercurial, and go on treating them with mercury, whereby so many patients are destroyed; chiefly, however, because my object is to depict the mercurial disease, in order to show how opium can cure it, in virtue of similarity of action.

Opium raises the sinking forces of patients suffering from the mercurial disease, and allays their irritability, when its direct action is kept up, that is, when it is given at least every eight hours; and this it does as an antagonistically acting remedy. This happens, however, only when it is given in large doses, proportioned to the degree of weakness and irritability, just as it is serviceable only in large and oft-repeated doses in the excessive irritability of hysterical and hypochondriacal patients, and in the excessive sensibility of exhausted individuals. The normal condition of the body seems

* Stoll (*Rat. Med.* Part III. p. 442) doubts if there are certain signs of a perfectly cured syphilitic disease, *i.e.* he himself knew not the signs whereby this disease is distinguishable from the mercurial disease.

thereby to be restored; a secret metamorphosis seems to take place in the organism, and the mercurial disease is gradually conquered. The convalescent patient can only bear smaller and smaller doses. Thus the mercurial disease seems to be vanquished by the palliative antagonistic power of the opium; but any one who is aware of the almost uneradicable nature of the mercurial disease, the irresistible manner in which it destroys and dissolves the animal frame when it is at its height, will be convinced that a mere palliative could never master this excessively chronic malady, were it not that the secondary actions of opium were very analogous to the mercurial disease, and that these tended to overcome the latter. The secondary effects of the continued use of opium in large doses, increased irritability, weakness of the tone, easy separation of the solids, and difficult curability of wounds, trembling, emaciation of the body, drowsy sleeplessness, are very similar to the symptoms of the mercurial disease; and only in this do they differ, that those of mercury, when they are severe, last for years, often for a lifetime, whilst those of opium last but hours or days. Opium must be used for a long time, and in enormous doses, for the symptoms of its secondary action to last for weeks, or longer. These abbreviated secondary effects of opium, whose duration is limited to a short time, are thus the true antidote of the mercurial secondary effects in their greatest degree, which are almost unlimited in their duration; from them alone, almost, can one expect a permanent, true recovery. These secondary actions can develop their curative power during the whole treatment, in the interval betwixt the repetition of the doses of opium, as soon as the first direct action of each dose is passed, and when its use is discontinued.

Lead produces, in its primary action on the denuded nerves, (belonging to muscular action?) a violent tearing pain, and (thereby?) relaxes the muscular fibre to actual paralysis; it becomes pale and withered, as dissection shows,

but its external sensibility still remains, though in a diminished degree. Not only is the power of contraction of the affected fibres diminished, but the motion that still remains is more difficult than in similar relaxations from almost total loss of the irritability.* This, however, is observed only in the muscles belonging to the natural and animal functions; but in those belonging to the vital functions, this effect occurs without pain and in a less degree. As the reciprocal play of the vascular system becomes slower (a hard, slow pulse), this satisfactorily explains the diminished temperature of the blood attending the action of lead.

Mercury also diminishes the mutual attraction of the various parts of the muscular fibres, but increases their susceptibility for the excitant, so as to impart to them an excessive mobility. Whether this effect be the direct or the indirect secondary action, suffice that it is very enduring; and hence, even if of the latter character, would be very efficacious, as an oppositely acting remedy in the lead disease; if of the first character, however, it will act as a similarly acting remedy. Rubbed in externally, as well as given internally, mercury has an almost specific influence over the lead disease. Opium increases in its direct action the contraction of the muscular fibre, and diminishes its irritability. By virtue of the former property, it acts as a palliative in the lead disease; by the latter, however, permanently, as a similarly acting remedy.

From the above idea of the nature of the lead disease, it will be seen that the service this metal (lead) has afforded, when cautiously used in diseases, depends entirely on its antagonistic, though uncommonly long-lasting, action, the consideration of which does not belong to this essay.

The true nature of the action of *arsenic* has not yet been

* The convulsive vomiting and dysenteric diarrhoea which sometimes follow the ingestion of large quantities of lead, must be explained on other principles, and do not fall to be considered here; neither does the vomiting that ensues from large doses of opium.

accurately investigated. This much I have myself ascertained, that it has a great tendency to excite that spasm in the blood-vessels, and the shock in the nervous system, called febrile rigor. If it be given in a pretty large dose (one-sixth or one-fifth of a grain) to an adult, this rigor becomes very evident. This tendency makes it a very powerful remedy as a similarly acting medicine in intermittent fever; and this all the more, as it possesses the power, observed by me, of exciting a daily recurring, although always weaker, paroxysm, even although its use be discontinued. In typical diseases of all kinds (in periodical headache, &c.), this type-exciting property of arsenic in small doses (one-tenth to at most one-sixth of a grain in solution) becomes valuable, and will, I venture to guess, become invaluable to our perhaps bolder, more observant, and more cautious posterity. As its action lasts several days, so frequently repeated doses, be they ever so small, accumulate in the body to an enormous, a dangerous dose. If, then, it be found necessary to give a dose daily, each successive dose should be at least a third smaller than the previous one. A better procedure is, when we have to treat short typical diseases with, say two days' interval, always to prescribe only a dose for one fit two hours before it is expected, pass over the following fit without giving any arsenic, and another dose only about two hours before the third fit. It will be best to act so even in the case of fever, with four days' interval, and only commence to treat the series of intermediate paroxysms when we have attained our object with regard to the first series of paroxysms. (In the case of longer intervals, as seven, nine, eleven, and fourteen days, a dose may be prescribed before each fit.) The continued use of arsenic in large doses causes gradually an almost constant febrile state; it will thus, as indeed experience has, to a certain degree, taught us, prove useful in hectic and remittent fever, as a similarly acting remedy, in small doses (about one-twelfth of a grain). Such a continued employment of arsenic, however, will always remain

a masterpiece of art, as it possesses a great disposition to diminish the vital heat and the tone of the muscular fibre. (Hence, paralysis, from a strong dose, or a long-continued and incautious employment of it.) These latter properties will enable it to prove of service as an antagonistic remedy in pure inflammatory diseases. It diminishes the tone of the muscular fibre, by diminishing the proportion and cohesion of the coagulable lymph in the blood, as I have convinced myself, by drawing blood from persons suffering from the effects of arsenic, more especially such as had a too inspissated blood before the use of this metallic acid. But not only does it diminish the vital heat, and the tone of the muscular fibre, but also, as I think I have fairly proved to myself, the sensibility of the nerves. (Thus, in cases of maniacs, with tense fibre and inspissated blood, a small dose of it procures quiet sleep, in its capacity of an antagonistically acting substance, where all other remedies fail. Persons poisoned by arsenic are more composed about their state than might be expected. Thus, it generally seems to kill more by extinguishing the vital power and sensibility, than by its corrosive and inflammatory power, which is only local and circumscribed. This being borne in mind, the rapid decomposition of the bodies of those poisoned by arsenic, like cases of death by mortification, will be readily comprehended.) It weakens the absorbent system, a circumstance whence, perhaps, we may one day derive some curative power, (as a similarly or as an antagonistically acting remedy?) but which must be always a powerful objection to its long-continued use. I would direct attention to its peculiar power of increasing the irritability of the fibre, especially of the system of the vital functions. Hence cough, and hence the above-mentioned chronic febrile actions.

When arsenic is used for a length of time, and in pretty large doses, it seldom fails, especially if diaphoretics and a heating diet be used simultaneously, to cause some chronic cutaneous disease (at least, desquamation of the skin). This

tendency renders it an efficacious remedy in the hands of the Indian physician, in that frightful skin disease, elephantiasis. Would it not also be serviceable in pellagra? * If it be truly (as is confidently affirmed) of service in hydrophobia, it must act by virtue of its power to diminish (the influence of the nerves on) the attraction of the parts of the muscular fibre and its tone, as also the sensibility of the nerves, therefore antagonistically. It produces acute, continued pains in the joints, as I have seen. I shall not attempt to determine how we may avail ourselves of this property in a curative point of view.

What influence the arsenic disease, the lead disease, and the mercurial disease, may have over each other, and if the one may be destroyed by means of the other, future observations can alone decide.

Should the accidents produced by a long-continued use of arsenic become threatening (besides the employment of sulphuretted hydrogen in drinks and baths to extirpate what still remains of the substance of the metal), the free use of opium in the same manner as in the mercurial disease (see above) will be of service.

I revert again to vegetable substances; and first, I shall mention a plant, which, in violence and constancy of action, deserves to be placed alongside the mineral poisons; I allude to the *yew* (*taxus baccata*). Great circumspection must be employed in the use of its various parts, more particularly of the bark of the tree when in flower; the cutaneous eruptions, with signs of gangrenous decomposition of the fibre, which sometimes occur several weeks after the last dose, the fatal catastrophe that sometimes takes place suddenly, sometimes several weeks, after the last dose, with symptoms of mortification, &c. teach us this. It produces, it appears, a certain acridity in all the fluids, and an inspissation of the lymph; the vessels and fibres are irritated, and yet their functions are more impeded than facilitated.

* A morbid condition of the skin, very prevalent among the peasantry of the northern states of Italy. (Ed.)

The scanty evacuations, accompanied by tenesmus, the dysuria, the viscid, salt, acrid saliva, the viscid, fœtid sweat, the cough, the flying, acute pains in the limbs after perspiration, the podagra,* the inflammatory erysipelas, the pustules on the skin, the itching and redness of the skin, underneath which the glands lie, the artificial jaundice, the horripilation, the continued fever, &c. it produces, are all proofs of this. But the observations are not accurate enough to enable us to determine which is the primary, which the secondary action. The direct action seems to continue for a considerable time. A lax, unexcitable state of the fibres and vessels, especially of those belonging to the absorbent system, which seem partly deprived of vital power, appears to be its secondary action. Hence the perspiration, the flow of saliva, the frequent discharge of watery urine, the hemorrhages (a dissolved state of the red parts of the blood); and after large doses, or too long-continued employment, the dropsy, the obstinate jaundice, the petechiæ, the gangrenous decomposition of the fluids. Employed cautiously in gradually increased doses, it may, as indeed experience has partly shown, be employed with lasting advantage in a similar derangement of the fluids, and in a similar state of the solids; in a word, in similar morbid states to those it is capable of producing. In induration of the liver, jaundice, and glandular swellings, with tense fibre, in chronic catarrh, catarrh of the bladder, (in dysentery, dysuria, tumors, with tense fibre?) in amenorrhœa† with tense fibre. (On account of its long-enduring, direct action, it may sometimes be of permanent service as an antagonistically acting remedy in rachitis,‡ in amenorrhœa with relaxation, &c. But this does not belong to our subject.)

The *monkshood* (*aconitum napellus*) excites formicating,§ also acute tearing pains in the limbs, in the chest, in the jaws; it is a prime remedy in pains of the limbs of all

* Gout in the feet. (Ed.)

† Obstruction of the catamenia. (Ed.)

‡ The rickets. (Ed.)

§ Creeping. (Ed.)

kinds (?); it will be serviceable in chronic toothache of a rheumatic character, in pleurodynia, in face-ache, and in the consequences of the implantation of human teeth. It causes chilling pressure in the stomach, occipital headache, shootings in the kidneys, excessively painful ophthalmia, cutting pains in the tongue, the practitioner will be able to employ these artificial diseases in similar natural diseases. It has a peculiar tendency to produce giddiness, faintings, debility, apoplexy, and transient paralysis, general and partial paralysis, hemiplegia,* paralysis of particular limbs,—of the tongue, of the anus, of the bladder, obscuration of vision and temporary blindness, and singing in the ears. It is also just as serviceable in general and partial paralysis of the parts just mentioned, as experience has in a great measure proved;—as a similarly acting remedy, it has in several cases cured incontinence of urine, paralysis of the tongue, and amaurosis, as also paralysis of the limbs. In curable marasmus,† and partial atrophies, as a remedy capable of producing similar morbid symptoms, it will certainly do more than all other known remedies. Successful cases of this kind are on record. Almost as specifically does it produce convulsions, general as well as partial, of the facial muscles, of the muscles of the lips on one side, of the muscles of the throat on one side, of the ocular muscles. In all these last affections it will prove useful, as it has also cured epilepsies. It causes tightness of the chest; how, then, can it be wondered at, that it has several times cured different sorts of tightness of the chest? It produces itching, formication in the skin, desquamation, reddish eruption; and is hence so useful in bad cutaneous affections and ulcers. Its pretended efficacy in the most obstinate venereal sufferings was probably only founded on its power over the symptoms of the mercury that had been previously employed

* Paralysis of one side of the body. (Ed.)

† Wasting. (Ed.)

in that disease; and this conclusion is justified by what we know of its action. It is valuable to know that monkshood, as an exciter of pain, cutaneous affections, swellings, and irritability, — in a word, as a similarly acting remedy, is powerful in subduing the similar mercurial disease, and is even preferable to opium, as it leaves behind it no debility. Sometimes it causes a sensation about the navel, as if a ball rose up thence, and spread a cold feeling over the upper and back part of the head; this would lead us to use it in similar cases of hysteria. In the secondary action, the primary cold in the head seems to change into a burning sensation. In its primary action are observed general cold, slow pulse, retention of urine, mania; in its secondary action, however, an intermitting, small, rapid pulse, general perspiration, flow of urine, diarrhœa, involuntary fæcal evacuation, sleepy intoxication. (Like several other plants that produce a cooling effect in their primary action, it resolves glandular swellings.) The mania it causes is a gay humor alternating with despair. As a similarly acting remedy, it will subdue manias of that sort. The usual duration of its efficacy is from seven to eight hours, excepting in cases of serious effects from very large doses.

The *black hellebore* (*helleborus niger*) causes, if used for a long time, severe headaches (hence, probably, its power in some mental affections, also in chronic headaches), and a fever; hence its power in quartan fever, and hence also, partly, its efficacy in dropsies, the worse kinds of which are always accompanied by remitting fever, and wherein it is so useful, aided by its diuretic power. (Who can tell whether this belongs to its primary, or, as I am inclined to think, its secondary action? This latter is allied to its property of exciting to activity the blood-vessels of the abdomen, rectum, and uterus.) Its power of causing a constrictive, suffocating sensation in the nose, would lead us to prescribe it in similar cases (as I once did in a kind of mental disease). The frequency with which it is confounded with other roots is the

reason why we are only in possession of these few true data of its effects.

The boring, cutting pain that the internal use of the *meadow anemone* (*anemone pratensis*) causes in weak eyes, led to its successful employment in amaurosis, cataract, and opacity of the cornea. The cutting headache caused by the internal employment of the inflammable, crystalline salt obtained by distillation with water, would lead us to employ this plant in a similar case. Most likely it is on this account that it once cured a case of melancholia.

The *clove gilliflower* (*geum urbanum*), besides its aromatic qualities, possesses a nausea-exciting power, which always causes a febrile state of body; and hence its service in intermittent fever, when used as an aromatic along with ipecacuanha.

The principle that constitutes the medicinal power of the kernel of the *cherry* (*prunus cerasus*), of the *sour cherry* (*prunus padus*), of the *peach* (*amygdalus persica*), of the bitter variety of the *almond* (*amygdalus communis*), and more especially of the leaves of the *cherry-laurel* (*prunus laurocerasus*), possesses the peculiar property of increasing the vital power and contractility of the muscular fibre in its direct action, as notably as it depresses both in its secondary action. Moderately large doses are followed by anxiety, a peculiar cramp of the stomach, trismus,* rigidity of the tongue, opisthotonos,† alternately with clonic cramps of various kinds and degrees, as its direct action;‡ the irritating matter is

* Locked jaw. (Ed.) † Contraction of the extensor muscles. (Ed.)

‡ If it is sought to deny the primary action of the principle of bitter almonds, which I have represented as producing the phenomena of increased power of contraction in the muscular fibre and exaltation of the vital power, on this ground, that, in some cases of monstrous doses, death occurs almost instantaneously without any perceptible re-action of the vital power or pain, as great a mistake would be made as if all pain should be denied to death by the sword, and it should be affirmed that the stroke of the sword did not produce a peculiar condition different from the death that followed it. This pain will just be as intense, although perhaps less than momentary, as the

gradually exhausted,* and in the secondary action the contractility of the muscular fibre and the vital power sink in the same degree as they had previously been exalted. There follow cold, relaxation, paralysis, — which also, however, soon pass off.

(Cherry-laurel water has now and then been used as a domestic analeptic,† in debility of the stomach and body, that is, as an oppositely acting palliative, and, as might have been guessed, with bad effect. The result was paralysis and apoplexy.)

More remarkable, and peculiarly belonging to our subject, is the curative power of its direct action (which consists in a kind of febrile paroxysm) in intermittent fever, especially, if I mistake not, in that kind of intermittent depending on a too great contractility of the muscular fibre, which is incurable by bark alone. Equally efficacious has black cherry water proved in the convulsions of children. As a similarly acting remedy, cherry-laurel water will prove efficacious in diseases from too tense fibre, or generally where the contractility of

sensation of anxiety and torment will be indescribable, which may and must follow a fatal dose of cherry-laurel water, though its action lasts scarce a minute. This is proved by the case recorded by Madden, of excessive anxiety in the region of the stomach (the probable region of the chief organ of the vital power) of a person killed in a few minutes by a large dose of cherry-laurel water. That, in this brief space of time, the whole series of phenomena that follow a not fatal dose, cannot make their appearance, is easily understood; yet it is probable that changes and impressions, similar to those of the direct action I have described from nature, do actually take place in the animal organism, in this short time (until a few instants before death, *i.e.* the few instants that the indirect secondary action lasts). Thus, electrical phenomena may be seen, when they can be gradually passed before the eyes; but in the lightning rapidly flashing before us, we scarce can tell what we see or hear.

* A small lizard (*lacerta agilis*), that had moved about pretty rapidly for a minute in diluted cherry-laurel water, I placed in concentrated cherry-laurel water. The motions became instantly so excessively rapid, that the eye could scarcely follow them for some seconds; then there occurred one or two slow convulsions, and then total loss of motion: it was dead.

† Restorative. (Ed.)

the muscular fibre far exceeds its relaxing power; in hydrophobia, in tetanus, in the spasmodic closure of the biliary excretory ducts and similar tonic spasmodic affections, in some manias, &c.* as several observations have shown. In proper inflammatory diseases it also deserves attention, where it would, to some extent, operate as a similarly acting remedy. If the diuretic property observed from the bitter almond principle lies in its indirect secondary action, we may hope much from it in dropsy, with a chronic inflammatory condition of the blood.

The power of the bark of the *sour cluster-cherry* (*prunus padus*) over intermittent fever lies likewise in the bitter almond principle it contains, by means of which it comports itself as a similarly acting remedy.

Of the *sundew* (*drosera rotundifolia*), we know nothing certain, except that it excites cough; and hence it has been of use in most catarrhal coughs, as also in the influenza.

The curative principle in the flowers and other parts of the *elder* (*sambucus niger*) appears to lie in its primary direct action of exalting the contractive power of the muscular fibres belonging chiefly to the natural and vital functions, and of raising the temperature of the blood; whilst, in its indirect secondary action, it brings down the strength of the muscular fibre, lowers the temperature, relaxes the vital activity, and diminishes sensation itself. If this be the case, as I think it is, the good that it does in the true spasm of the finest extremities of the arteries, in diseases from a chill, catarrhs, erysipelas, is in virtue of its similarity of action. Have not the elder species the power of producing transitory erysipelatous inflammation?

Various kinds of *sumach*, considered to be poisonous, e.g.

* Tonic (and clonic) spasms without inflammation of the blood, and when the consciousness is little affected, appear to be the peculiar sphere of action of the principle of bitter almonds, as it, as far as I know, does not elevate the vital temperature even in its direct action, and leaves the sensitive system unaffected.

rhus radicans, appear to possess a specific tendency to produce erysipelatous inflammation of the skin and cutaneous eruptions. May it not be useful in chronic erysipelas, and the worst kind of skin diseases? When its action is too violent, it is checked by elder (a similarly acting remedy?).

Camphor, in large doses, diminishes the sensibility of the whole nervous system; the influence of the, as it were, rigid vital spirits (if I may be allowed to use a rude expression) on the senses and motion is suspended. There occurs a congestion in the brain, an obscuration, a vertigo, an inability to bring the muscles under the dominion of the will, an incapacity for thought, for sensation, for memory. The contractile power of the muscular fibres, especially of those belonging to the natural and vital functions, seems to sink to actual paralysis; the irritability is depressed in a like degree, especially that of the extreme ends of the blood-vessels,* that of the larger arteries less, and still less that of the heart. There occurs coldness of the external parts, small, hard, gradually diminishing pulse, and, on account of the different state of the heart from that of the extreme ends of the blood-vessels, anxiety, cold sweat. The above condition of the fibre causes an immobility of the muscles, *e.g.* of the jaws, of the anus, of the neck, that resembles a tonic spasm. There ensue deep slow breathing, fainting.† During the transition to the secondary action, there occur convulsions, madness, vomiting, trembling. In the indirect secondary action itself, the awakening sensation first commences, and, if I may be allowed the expression, mobility of the previously rigid nervous spirit; the almost extinguished mobility of the extremi-

* The nervous power and its condition seems to have most influence on these, — less on the larger vessels, least of all on the heart.

† A proof, according to Carminati, that camphor does any thing but extinguish the irritability, but only suspends it so long as the muscles are in connection with the rigid state of the nerves — is, that when all sensation is extinguished by means of camphor, the heart, if cut out, continues to beat all the more strongly for hours afterwards.

ties of the arteries is restored, the heart triumphs over the previous resistance. The previous slow pulsations increase in velocity and in fulness, the play of the circulating system attains, or in some cases (from larger doses of camphor, from plethora, &c.) surpasses its former state, — the pulse becomes more rapid and more full. The more motionless the blood-vessels were previously, the more active do they now become; the temperature of the whole body becomes increased, with redness, and uniform, sometimes profuse, perspiration. The whole process is ended in six, eight, ten, twelve, or at most twenty-four hours. Of all the muscular fibres, the mobility of the intestinal canal returns latest. In every case where the contractile power of the muscular fibres greatly preponderates over their power of relaxation, camphor, as an antagonistically acting remedy, procures rapid but only palliative relief; in some manias, in local and general inflammations, of a pure, of a rheumatic, and of an erysipelatous character, and in diseases arising from a chill.

As, in pure malignant typhus, the system of the muscular fibre, the sensitive system, and the depressed vital power, present something analogous to the direct primary action of camphor, it operates as a similarly acting remedy, that is, permanently and beneficially. The doses must, however, be sufficiently large to produce the appearance of a still greater insensibility and depression, but given seldom, only about every thirty-six or forty-eight hours.

If camphor actually removes the strangury caused by cantharides, it does this as a similarly acting remedy, for it also causes strangury. The bad effects of drastic purgatives it removes, chiefly as a suspender of sensation, and a relaxer of the fibre (consequently an antagonistic, palliative, but here admirable remedy). In the bad secondary effects of squill, when they are chronic, — a too easily excitable action of the contractile and relaxing power of the muscular fibre, — it acts only as a palliative, and less efficaciously, unless the doses be frequently repeated. The same may be said with

regard to its effects in the chronic symptoms caused by the abuse of mercury. As a similarly acting remedy, it is eminently serviceable in the long-continued rigor of degenerated (comatose) intermittent fevers, as an adjunct to bark. Epilepsy and convulsions dependent on relaxed fibre deprived of its irritability, are rapidly cured by the similar action of camphor. It is an approved antidote to large doses of opium, in which it is chiefly an antagonistic palliative, but efficacious in consequence of the symptoms being but transitory. In like manner, opium is, as I have ascertained, an excellent antidote to large doses of camphor. The former raises the sunken vital power and diminished vital temperature caused by the latter, antagonistically, but in this case effectually. A curious phenomenon is the action of coffee in relation to the direct action of large doses of camphor; it makes the stomach, whose irritability was suspended, spasmodically mobile; there occur convulsions, vomiting, or, when given in clysters, rapid evacuation; but neither does the vital power become raised, nor do the nerves become relieved from their stupified state: they rather become more stupified, as I think I have observed. As the most striking effect of camphor on the nerves consists in this, that all the passions are lulled, and a perfect indifference to external things, even of the most interesting character, occurs, as I have ascertained, it will accordingly be of service as a similarly acting remedy in manias, whose chief symptom is apathy, with slow, suppressed pulse, and contracted pupil. It is by no means advisable to use it in manias of every description. Used internally, camphor removes transitory general and local inflammations, and also such as are chronic, in a few hours; but, in the former case, the doses must be very often repeated to admit of any thing efficacious being performed, *i.e.* always a new dose before the secondary action comes on. For, in its secondary action, camphor does but the more strengthen the tendency to renewed inflammation, makes it chronic, and predisposes the organism chiefly to catarrhal

diseases, and the bad effects of a chill. Used externally for a length of time, it can do more good, and its bad effects may be easily remedied in another manner.

The patrons of new medicines generally commit the error of carefully but injudiciously concealing the disagreeable phenomena of the medicines they take under their protection.* Were it not for this suppression of the truth, we might, for instance, from the morbid effects the bark of the *horse-chesnut* (*æsculus hippocastanum*) is able to produce, form a just estimate of its medicinal powers, and determine if, for instance, it is suitable for pure intermittent fever, or some of its varieties; and, if so, which. The sole phenomenon we know belonging to it is, that it produces a constrictive feeling in the chest. It will accordingly be found useful in (periodical) spasmodic dyspnœa.

The symptoms produced on man by the *phytolacca decandra* deserve to be particularly described. It is certainly a very medicinal plant. In animals it causes cough, trembling, convulsions.

As the bark of the *elm* (*ulmus campestris*), when exhibited internally, produces at the commencement† an increase of cutaneous eruption, it is more than probable that it has a tendency to produce such affections of itself; consequently, that it will be serviceable in them, which is amply proved by experience.

The juice of *hemp leaves* (*cannabis sativa*) is, it would

* Thus we often read, that this or that powerful medicine has cured so many hundred cases of the worst diseases, without causing the slightest bad effects. If this last be correct, we may certainly infer the perfect inefficacy of the drug. The more serious the symptoms it causes, the more important is it for the practitioner.

† In order to draw a favorable induction from the aggravating action of a drug, this aggravation must occur at the commencement of its use, that is, in its direct action; in such cases only can it be considered a similarly acting efficacious remedy. The morbid aggravations occurring so often subsequently (in the indirect secondary action) prove the contrary in ill-chosen remedies.

seem, a narcotic, similar in action to opium. This is only in appearance, however, and owing to the imperfect accounts we have of its pathogenetic action. I am much mistaken if it do not possess differences indicative of peculiar medicinal powers, if we but knew it sufficiently. It produces dimness of vision; and, in the madness caused by it, there occur many phenomena, generally of an agreeable character.

It appears as if *saffron* (*crocus sativus*), in its direct action, brought down the circulation and vital heat. Slow pulse, pale face, vertigo, exhaustion, have been observed. In this stage most probably occur the melancholy and headache that have been observed from its action, and in the second stage (the indirect secondary action) occur the senseless, extravagant gayety, the stupefaction of the senses, the increased action in the arteries and heart, and, lastly, the hemorrhage which is peculiar to it. For this reason it may be useful in restoring flows of blood that have been checked, as a similarly acting remedy, as its power of increasing the circulation occurs first in the secondary action; consequently, the opposite must take place in its direct action. It has been found useful as a similarly acting remedy in vertigo and headache, with slow pulse. In some cases of melancholia with slow pulse, and in amenorrhœa, it appears also to be of service as a similarly acting remedy. It has (in its direct action) produced death by apoplexy, and is said to have proved efficacious in similar affections (probably in relaxed organisms). The phenomena of its secondary action point to much increased irritability of the fibre; hence probably the cause of its so readily producing hysteria.

The *darnel* (*lolium temulentum*) is such a powerful plant, that he who knows its pathogenetic action must congratulate the age when, for the benefit of humanity, its application shall be known. The chief phenomena of the direct action of the seeds are cramps, apparently of a tonic character (a kind of immobility), with relaxation of the fibre and suspension of the vital spirits, great anxiety, exhaustion, coldness,

contraction of the stomach, dyspnœa, difficult deglutition, rigidity of the tongue, pressive headache and vertigo (both continue longer than is known from any other drug, in the greatest degree for several days), noises in the ears, sleeplessness, insensibility, or weakness of the external senses, red face, staring eyes, sparks before the eyes. In the transition to the secondary action, the cramps become clonic, there occur stammering, trembling, vomiting, diuresis, and (cold) perspiration, (cutaneous eruptions, ulcers on the skin?) yawning (another kind of cramp), weak sight, long sleep. In practice, cases of obstinate vertigo and cephalalgia * present themselves, which we are inclined to avoid treating, from their incurability. The *lolium* appears to be made expressly for the worst of such cases, probably also for imbecility, the opprobrium of medicine. In deafness and amaurosis, something may be hoped from its use.

Squill (*scilla maritima*) appears to cause a long-continued irritation in the body; the mode of operation of which, from want of accurate observation, cannot be very well separated into primary and secondary action. This irritating power possesses a tendency to diminish for a long period the capacity of the blood for caloric, and hence to establish in the organism a disposition to chronic inflammation. Whether this power can be applied to useful purposes, instead of being as hitherto a stumbling-block to the use of the drug itself, I am unable, on account of the obscurity of the subject, to determine. As, however, this power must certainly have its limits, at least in the commencement it has only an acute inflammatory action, and afterwards, especially after long-continued use, leaves behind it the insidious chronic inflammatory action; so it seems to me to be rather indicated in pure inflammations with tense fibre, when its use is otherwise required, than in a cold or hectic inflammatory condition of the fluids and mobility of the fibre. The incom-

* Headache. (Ed.)

parable aid derived from squill in inflammation of the lungs, and the extraordinary injury inflicted by its *continued* employment in chronic ulcerating consumption of the lungs, as also in pituitous consumption, prove this satisfactorily; there is no question here of palliative relief. This irritating power puts the mucous glands in a condition to secrete a thin, instead of a viscid mucus, as is the case in every moderately inflammatory diathesis. Squill causes a great degree of strangury, showing thereby that it must be very useful in restoring the secretion in suppression of the urine accompanying several kinds of dropsy, as daily experience confirms. Rapid, acute dropsical swellings appear to be its chief sphere of action. It has cured some kinds of tickling cough, because it can of itself cause cough.

That most incomparable remedy, *white hellebore* (*veratrum album*), produces the most poisonous effects, which should inspire the physician who aspires to perfection with caution, and the hope of curing some of the most troublesome diseases that have hitherto usually been beyond medical aid. It produces in its direct action a kind of mania, amounting from larger doses to hopelessness and despair; small doses make indifferent things appear repulsive to the imagination, although they are not so in reality. It causes in its direct action, *a.* heat of the whole body; *b.* burning in different external parts, *e.g.* the shoulder-blades, the face, the head; *c.* inflammation and swelling of the skin of the face, sometimes (from larger doses) of the whole body; *d.* cutaneous eruptions, desquamation of the skin; *e.* a formicating sensation in the hands and fingers, tonic cramps; *f.* constriction of the gullet, of the larynx, sense of suffocation; *g.* rigidity of the tongue, tough mucus in the mouth; *h.* constriction of the chest; *i.* pleuritic symptoms; *k.* cramp in the calves; *l.* an anxious, gnawing sensation in the stomach, nausea; *m.* gripes, and cutting pains here and there in the bowels; *n.* great general anxiety; *o.* vertigo; *p.* headache (confusion of the head); *q.* violent thirst. On passing into the indirect

secondary action, the tonic cramps resolve themselves into clonic cramps; there occur, *r.* trembling; *s.* stammering; *t.* convulsions of the eyes; *u.* hiccough; *v.* sneezing (from the internal use); *w.* vomiting (when at its height, black, bloody vomiting); *x.* painful, scanty evacuations, with tenesmus; *y.* local, or (from large doses) general convulsions; *z.* cold (from large doses, bloody) sweat; *aa.* watery diuresis; *bb.* ptyalism; * *cc.* expectoration; *dd.* general coldness; *ee.* marked weakness; *ff.* fainting; *gg.* long profound sleep. Some of the symptoms of its direct action, *l. m. n. p. q.* would lead us to use it in dysenteric fever, if not in dysentery. The mania it causes, together with some symptoms of its direct action, *e. f. g. h. n. q.* would lead us to employ it in hydrophobia, with hopes of a good result. A dog to which it was given had true rabies, lasting eight minutes. The ancients speak of it with approbation in hydrophobia, (in tetanus?) in spasmodic constriction of the gullet, and in spasmodic dyspnœa, it will be found specific on account of *f.* and *h.* It will prove of permanent advantage in chronic cutaneous diseases, on account of *c.* and *d.* as experience has already shown with regard to herpes.† In so-called nervous diseases, when they are dependent on tense fibre or inflammatory symptoms (*a. q.*), and the symptoms in other respects resemble the veratrum disease, it will be of benefit; so also in manias of a like character. — The landlord of a country inn, a man of firm fibre, robust make, red blooming countenance, and somewhat prominent eyes, had almost every morning, soon after waking, an anxious feeling in the stomachic region, which in the course of a few hours involved the chest, producing constriction there, sometimes amounting to complete loss of breath; in the course of a few hours, the affection attacked the region of the larynx, and suffocation became imminent (swallowing solids or fluids being impossible); and, as the

* Salivation. (Ed.)

† Tetter. (Ed.)

sun declined, it left these parts, and became confined to the head, with timorous, despairing, hopeless, suicidal thoughts, until about ten o'clock, when he fell asleep, and all the morbid symptoms disappeared. The mania resembling that peculiar to veratrum, the firm fibre of the patient, and the symptoms *f. g. h. l. n.* induced me to prescribe three grains of it every morning, which he continued for four weeks, with the gradual cessation of all his sufferings: his malady had lasted four years or more. — A woman, thirty-five years of age, after having had many epileptic attacks during her pregnancies, was affected a few days after her last delivery with furious delirium and general convulsions of the limbs. She had been treated for ten days with emetics and purgatives, without effect. At midnight every night she was attacked by fever, with great restlessness, during which she tore all the clothes off her body, especially what she had about her neck. China always made the fever a few hours later, and increased the thirst and anxiety; the expressed juice of stramonium, used according to Bergius' method, soon quelled the convulsions, and produced some rational hours, in which it was ascertained that her worst symptom (except the fever) was the suffocating feeling in the throat and chest; besides pains in all her limbs. More, however, it could not do; on the contrary, its continued use seemed rather to increase the last-mentioned serious symptoms; the face was swollen, the anxiety infinite, the fever greater. Emetics did no good; opium caused sleeplessness, increased the restlessness, the urine was dark-brown, the bowels much constipated. Blood-letting, which was evidently not adapted for this case, was, moreover, contra-indicated by the excessive weakness. The deliria returned, notwithstanding the extract of stramonium, with increased convulsions and swelling of the feet. I gave her in the forenoon half a grain of veratrum powder, and a similar dose in the afternoon at two o'clock. Deliria of another kind made their appearance, along with viscid mucus in the mouth; but no fever returned, the patient

slept, and in the morning passed white cloudy urine. She was well, quiet, and rational, except that the great weakness continued. The suffocating sensation in the throat was gone, the swelling in the face fell, as also that of the feet; but the following evening, without her having taken any medicine, there occurred a constrictive sensation in the chest. She therefore got another half grain of veratrum the following afternoon; this was followed by scarcely perceptible delirium, tranquil sleep, in the morning copious discharge of urine and a few small evacuations. For two more days, she got half a grain of veratrum in the afternoon. All her symptoms disappeared, the fever vanished, and the weakness yielded to a good regimen.

I have elsewhere recorded a case of spasmodic colic still more rapidly cured by it. As a producer of mania and spasms, it has shown itself useful in cases of persons possessed. In hysterical and hypochondriacal attacks, dependent on tense fibre, it will be useful, as has been practically proved. Inflammation of the lungs will find in it a powerful remedy. The duration of its action is short; limited to about five, at most eight or ten hours, inclusive of the secondary action; except in the case of serious effects from large doses.

Sabadilla seeds cause confusion of the intellect and convulsions, which it can also cure; the peculiarities of its action, however, are not yet known. It also causes a creeping sensation through all the limbs, as I have experienced, and is said to produce pain in the stomach and nausea.

The *agaric* (*agaricus muscarius*) produces, as far as I can ascertain, a furious and drunken mania (combined with vengeful, bold resolves, disposition to make verses, to prophesy, &c.), exaltation of the strength, trembling and convulsions, in its primary direct action; and weariness, sleep, in its secondary action. It has, therefore, been employed with benefit in epilepsy (caused by fright), combined with trembling. It will remove mental affections and possession,

similar to those it causes. Its direct action lasts from twelve to sixteen hours.

The *nutmeg* (*myristica aromatica*) diminishes the irritability of the whole body, but especially that of the primæ viæ, for a considerable time. (Does it not increase the contractile power of the muscular fibre, especially of the primæ viæ, and diminish its capacity of relaxing?) In large doses it causes an absolute insensibility of the nervous system, obtuseness, immobility, loss of reason, for its direct action; headache and sleep for its secondary action. It possesses heating properties. May it not be useful in imbecility, combined with laxity and irritability of the primæ viæ?—against the first as a similarly, against the second as an antagonistically acting remedy? It is said to have done good in paralysis of the gullet, probably as a similarly acting remedy.

Rhubarb is useful in diarrhœas without fæcal evacuations, even in the smallest doses, more in consequence of its tendency to promote the action of the bowels, than on account of its astringent power.

The topical painful applications, as cantharides, mustard plasters, grated horse-radish, spurge laurel bark, crushed ranunculus acris, the moxa, allay pain often permanently, by pain of another kind produced artificially.

DR. SOLLIER'S OBSERVATIONS ON THE ALLŒOPATHIC AND HOMŒOPATHIC TREATMENT OF ASIATIC CHOLERA.

Translated from the French by J. A. TARBELL, M.D.

IN considering the multiplied proofs of the radical impotence of the old practice in the treatment of cholera, we can readily account for the extreme apprehension which prevails whenever and wherever this epidemic appears. It is worse than idle to speculate upon the *cause* and the *seat* of cho-

lera, — like the Greeks of the Lower Empire discussing the subject of create and uncreate light, while the barbarians were at their very gates, — we say it is worse than idle — it is mad folly to be engaged in barren controversies, when there is any thing to be learned of therapeutics, without which medical doctrines are empty abstractions. The public cannot be too often reminded of the fact, that *panic* predisposes to attacks from this epidemic, favors its development, and aggravates materially its danger.

We have no hesitation in affirming, authorized by results collected from all countries and by those furnished in our own practice, that, among cholera patients of every age and condition, the suitable homœopathic medicines have been administered with *almost certain* success during that period of access which has received the name of “*choleriné*,” with *strong probability* of curing confirmed cholera, and with *grounds for hope* in even that state of asphyxia generally considered as mortal. Authentic documents, official statistics, demonstrate clearly the wide difference of the results obtained by the new and the old schools: this difference is altogether in favor of homœopathy, and its opponents do not detract from its success by alluding, as is their custom, to nature, the force of imagination, and so on; for the disease of which we treat has extended too widely not to have furnished ample room for comparison, and we feel entire confidence in asserting that the homœopathic therapeia is incontestibly superior.

We are not called upon now to discuss the value of random hypotheses on causes, whether cosmical, electric, electro-magnetic, atmospherical, or animalcular. We cannot allow our time to be at present occupied with lengthy considerations of the nature and seat of the cholera; whether, according to Broussais, it is an “intense gastro-enteritis,” or a kind of “gastro-intestinal secretory irritation,” according to Bouillard; a “peculiar affection of the lymphatic organs of the digestive apparatus,” according to Bolles;

Magendie's "feebleness of the heart's contractions;" Delpech's "affection of the great sympathetic;" Foy's, Roche's, and others' suggestions. In homœopathy, all hypotheses give way to rigid observation of facts; and it is sufficient for us that the cholera is the result of a specific miasm, which demands for its counteraction the prompt employment of means in perfect "rapport" with the symptoms which characterize the disease.

The symptomatology of cholera would demand our particular attention here, were it not that the pathognomonic symptoms — those which give it its distinctive features — are to be recognized in each individual case, and studied in detail. We must be limited now to the fact, that vomitings, and light, aqueous, alvine evacuations, mixed with albuminous flakes, suppression of urine, a violet tint of the integuments, rapid emaciation, a peculiar flaccidity and coldness of skin, extreme feebleness of pulse, painful cramps in the limbs, anxiety, debility, with consciousness, are the principal symptoms which characterize epidemic cholera.

Allœopathic Treatment. — It would be absolutely fatiguing to notice the different measures which allœopathy has tried against the cholera, the number being so considerable. We have heard strongly recommended in succession, olive oil and ipecac., charcoal and mulberry root, and a host of other worthless medicines. It may be truly said that every thing has been *tried* by allœopathy against the Asiatic scourge, — *every thing*, excepting only those measures recommended by homœopathists!

That we may not be accused of exaggeration, we will here transcribe the treatment of the cholera which is found in the well-known work, "Dict. des Dict. de Med." We hope to be pardoned for the insertion of this lengthy extract, as it is necessary to the plan which we have traced out: —

"After all the therapeutic trials which have been made during this epidemic, in the city and in the hospitals, it is an undeniable truth that no *specific* for the cure of cholera has

been found, and there exists no *exclusive method* of treatment. Such are the words, honest, but far from consoling, which proceed from the 'Commission of the Academy.' Many volumes would be required to contain the different modes of treatment which have been advised or practised; and in Dr. Fabre's work, entitled 'Guide to Physicians in the Treatment of Cholera,' we have no less than *seventy different kinds of treatment*. What is to be gathered from such a chaos? We must be satisfied in making known the principal indications to be fulfilled, and the means which appear to have presented the greatest efficacy in the hands of the generality of physicians."

Prophylactic Treatment. — After alluding to some hygienic precepts which belong to all schools, the author proceeds: "If, in spite of every precaution, the precursory symptoms of the disease present themselves (diarrhœa, general debility, cold sweat, faintness), it is necessary, according to the 'Medical Gazette' of 1838, to prohibit the taking of all aliment, to administer twice or thrice daily, lavements of starch, with 10 drops of laudanum in each; to give for drink rice-water, sweetened with an astringent syrup (as quince, for example), and at night, one or two doses of Dover's powder. If these means fail, it will be necessary to give, according to the same authority, the powder of ipecac., in a dose of 24 to 30 grains as an emetic. This should be administered in three or four doses, according to the habit and the susceptibility of the stomach. Should the symptoms continue, the same dose must be repeated on the following day, or replaced by a saline *purgative*; and, finally, if the first stage of the cholera manifests itself in spite of the employment of those means which we have indicated, the treatment will be curative, and will vary according to each stage.

"*Curative Treatment.* — In the first period, many indications are to be fulfilled.

"1. *To restore the warmth and circulation.*" The author

advises that the patient be surrounded with warm substances, and vapor baths given; "the action of which may be aided," he adds, "by friction on the surface of the body with a liniment composed of vinegar, alcohol, camphor, mustard, and cantharides. If this liniment cannot be procured, the following may be substituted, viz.: three parts of camphorated alcohol, with one part of liquid ammonia. These frictions are to be frequently repeated, for the purpose of exciting the skin and restoring the heat and circulation; sinapisms may be applied to the limbs and epigastrium. Besides, we should attempt to deplete the circulatory system by bleeding in the arm, or in the temples. Should the vessels not yield blood, twenty-five or thirty leeches may be applied to the epigastrium. In the failure of leeches, cupping is to be resorted to.

"2. *To restore natural respiration.* By means of a band of flannel lightly dipped in essence of turpentine and liquid ammonia, applied the whole length of the vertebral column, over which is to be passed for five minutes, every quarter of an hour, a smoothing iron.

"3. *To soothe abdominal pains.* This end may be attained by the aid of warm *cataplasms* of meal, or linseed and crumbs of bread saturated with laudanum.

"4. *To check discharges.* Every two hours, a small emollient lavement, made with starch and poppy-heads, to which laudanum may be added. If this is not successful, it can be replaced by that of ratanhia, the astringent action of which may be of advantage.

"5. *To moderate vomiting.* We may succeed in this by giving frequently small pieces of ice, for which the patient is very desirous, and by administering Seltzer water.

"6. *To quench thirst.* Give lemonade or orange water, iced.

"7. *To remove cramps.* For this purpose, it is advised to apply *ligatures* upon the affected muscles, and frictions of equal parts of almond oil and laudanum.

“*Second Stage.* — If nature, aided by art, has triumphed over the first period, and re-action has been established, the physician has two indications to fulfil. 1. To favor re-action until completed, and to restrain it within proper limits. 2. To combat the accidental symptoms which may attend its progress, viz. cerebral, pulmonary, gastric, or intestinal inflammations.

“ Besides the method which we have indicated, and which nearly all practitioners more or less adhere to, there are many formulas of treatment which some physicians are exclusively governed by. The following methods, which have been practised, may be here mentioned.

“ 1. *The use of warm water.* Twelve or sixteen tumblers full of very warm water have been administered to patients in the space of two hours. This treatment has seemed more efficacious than many others.

“ 2. *The use of cold water (hydrotherapy).* This method, when employed at Paris, has produced no satisfactory results.

“ 3. *The stimulating treatment.* Aromatic drinks, ether, Hoffman liquor, the subcarbonate of ammonia, moxas, boiling water, &c. have been used without any marked advantage.

“ 4. *The astringent method.* This has been of small use in even checking the dejections.

“ 5. *Opiates.* At the commencement of the disease, opium has appeared of some efficacy; but, at an advanced period, it has aggravated the danger from re-action.

“ 6. *Emetics and purgatives.* Calomel and ipecac. have been those chiefly in use, and their employment has been equally followed by *favorable* and *fatal* consequences.

“ 7. *Saline injections into the veins.* In considering that the blood is deprived, by the cholera evacuations, of its saline properties and of its serum, it was proposed to restore this loss by saline injections. Thirty-one pounds of a liquid composed of two drachms of carbonate of soda, dissolved in

60 ounces of water heated to 110° Fahrenheit, have been injected into the veins in the space of fifty-three hours. *Admirable results* were said to have been first obtained (22 cures in 74 cases) ; but subsequent experiments were made without *any* success by several physicians, among whom was Magendie.

“8. *The transfusion of blood.* Said to have been successfully employed at Berlin.

“9. *The galvanic puncture.* Intended to restore the heart's action ; for this purpose, needles, by acupuncture, penetrated the tissue of this organ, and upon them was directed the galvanic current.

“10. Finally, in order to favor hematose, the patient has been made to inspire oxygen gas.

“We add from memory to the above list, the injection into the veins of protoxide of azote, the inspiration of chlorine gas, the administration of guaco, of vegetable charcoal, of oil of cajeput, of veratrine, magnesia, alcohol, mercurial frictions, &c.”

The treatment above mentioned — a true model of its kind — is sufficient to give an idea of the allœopathic therapeutics in array against the march of an epidemic, every progressive step of which has been marked by heaps of the slain. If we yielded to the temptation of enlarging upon a course so “bizarre,” so disorderly, so unscientific ; in short, if we entered in detail upon the refutation of such crazy treatment as this, it would require more time and space than we have at our disposal. The simple exposure, as it stands, pleads, in our opinion, as eloquently as argument could do, backed by all the resources of logic and rhetoric. We limit ourselves to a few brief general reflections.

In view of the multifarious and invariably unfortunate experiments attempted by allœopathy to check the epidemic cholera, it may well seem strange, that, after extensive journeys undertaken at great expense by crowds of commissioners over every portion of Europe, and even of Asia, for

the purpose of studying this disease ; after being forced to resort to the most absurd modes of treatment ; after being reduced to the humiliating avowal that "there exists no specific" — no regular or trustworthy method of practice ; it may, indeed, be considered strange that medical men, proud of a science devoted to the relief of suffering, should have so obstinately rejected the claims of homœopathy. Do they not perceive, that, in thus imprudently exposing to all eyes the lamentable poverty of their therapeutics, they bring damning criticism upon themselves, and the miserable theories which they proudly designate by the name of "rational" ? What *rationalism* can that be which, having at its disposal all the means of instruction, every possible opportunity for expansion, after being trampled upon by several cholera epidemics, is unable to profit by experience to any extent whatever, and cannot exert and has not obtained any methodical means of defence ? It is an abominable abuse of words to give the name of science to such an undigested pell-mell of empirical measures, which, according to high authority, "*seem to be the most efficacious in the hands of the generality of physicians ;*" measures, the employment of which is recommended not without much hesitation, while to almost every sentence of allœopathic instruction are appended the singularly dubitative phrases "*on s'efforcera,*" "*on pourra réussir,*" "*on pourra atteindre,*" &c.

With what cruel anxiety must a practitioner be tormented, who, confiding in the doctrines of the "old school," finds himself, for the first time, confronted by the cholera ; and, desirous of being enlightened by the experience of others, hastens to consult one of the numerous treatises on the subject ; such, for example, as that which bears the attractive title, "*Guide to Physicians in the Treatment of Cholera ;*" and that appears to promise a clue by which he may extricate himself from the difficulties incessantly springing up in his practice. Alas ! this pretended "guide" serves only to add to his perplexity ; for it complacently offers for his selec-

tion *seventy modes of treatment*, all invented, and of course extolled, by different eminent practitioners; consequently all equally worthy of confidence. One advises cold; another, warmth; one strongly recommends bleeding, another as strongly censures it; and so on to the end of the chapter. In view of such a distracting chaos as this, who would presume to blame the despairing practitioner, if he exclaimed with Frappart, "*Médecine, pauvre science! Médecins, pauvres savants! Malades, pauvres victimes!*"

Such powerlessness against a plague so formidable discovers the deficiency of allœopathic doctrines; and the unsatisfactory edict has gone forth to the world, that "for the cure of cholera there exists no specific." So far as allœopathy is concerned, this is undeniably true; but, in relation to homœopathy, it is the reverse of truth; for while, in the practice of the latter, the name of a disease is of small account, there is certainly a specific for each group of symptoms which the disease manifests. Homœopathy offers no remedies which are to be extolled one day, and rejected the next. She has none which are successfully used by one, and unsuccessfully by another physician. Why is it that no single specific has been discovered by allœopathy? In the great family of cholera patients there are numerous individualities, and it is altogether impossible to find one unfailing remedy against a disease essentially variable in its manifestations among different individuals. Before any satisfaction is obtained in the treatment, the necessity must be acknowledged of applying, among the variety of medicines, the one best adapted to such and such form of the disease, represented by a given totality of symptoms; and this is the homœopathic practice.

Prophylactic. — The grand law of "*similia similibus*" not only rules in the cure of disease, but also in its prevention. As the vaccine virus opposes the development of variola, and belladonna that of scarlatina, because these agents have the power of producing, in the healthy, symptoms like

those attending variola and scarlatina; so veratrum and cuprum, alternately every third or fourth day, in doses of one or more globules, 24'' or 30'' potence, according to the impressibility of the individual, and his susceptibility to cholera influence, are excellent preservative means, since, in their pathogenesis, most of the symptoms characterizing this epidemic are to be found.

This prophylactic property, which, by a logical deduction of the homœopathic principle, we attribute to veratrum and cuprum against the attacks of the cholera, is not a speculation merely. Experience has fully verified it. In all countries visited by the Asiatic scourge, thousands have been subjected to this preventive medication; and all, without an exception, so far as we can learn, have been either wholly exempted from the disease, or have suffered from very light attacks. It would be wise to recur to these preventives during the whole course of the epidemic.

Curative Treatment. — However sudden may be the invasion and progress of cholera, three distinct periods of the disease may, by proper attention, be always recognized: 1. Its precursory form, or *cholerine*. 2. Its establishment, or *cholera*, properly so called. 3. Its declination, or *re-action*. In each of these periods, in the second especially, the symptoms are grouped in such a manner as to constitute certain forms, which have been designated as *acuta*, *dysenterica*, *vomitoria*, *spasmodica*, *asphyxica vel sicca*, *inflammatoria*, according as vomiting or diarrhœa, cramps, asphyxia, &c. predominate. Doubtless such scholastic divisions may be of use at the bedside as a means of relieving the memory, but nothing more. We are too well aware of the necessity of *individualisation*, that corner-stone of all therapeutics truly *rational*, — this being understood in its most rigorous acceptation, — to attach much importance to those divisions which are never sufficiently defined to prevent confusion. It is very certain that nature always proceeds by insensible grada-

tions, — “*Natura non fecit saltus*,” — and never voluntarily bends to our arbitrary classifications.

First Period. — Cholerine. It is useless to attempt to make cholerine an independent disease; for it is, in reality, an embryo, so to speak, of cholera; and, in most cases, if abandoned to itself, or treated in an improper manner, is not slow in developing into the full-grown symptoms of cholera.

This preliminary stage discloses itself by a general uneasiness, vertigo, tinkling in the ears, paleness of face, loss of appetite, dry tongue, decided thirst, pain in the epigastrium, nausea, colic, borborygmus, discharges more or less frequent and abundant; at first bilious, soon afterwards entirely aqueous, diminution of urine, cold perspiration, cold extremities, frequent and feeble pulse.

While the discharges continue bilious, and there is nausea and even vomiting of bilious matter, without much thirst, ipecac. is the most decidedly indicated. If diarrhœa exists, with pinching pain in the umbilical region, pressure at the epigastrium, mucous, yellow coating on tongue, and a great desire for cold drinks, cham. should be resorted to; and merc. sol., should there be, in addition, bloody discharges, with tenesmus.

When ipecac., cham., or merc. sol. do not answer the indications; and if, especially, the alvine evacuations become involuntary, inodorous, serous, with painful borborygmus, severe twisting pain in umbilical region, marked diminution of urine, tongue covered with a viscid coating, prostration of strength, with dull, hollow eyes, and altered features, the chief remedy is phosphoric acid. This last medicine has so constantly succeeded under such circumstances, that we do not hesitate to pronounce it specific for this form of cholerine, which is the most frequent, and also the most serious; for, if prolonged but for a short time, there occur vomitings, colic, almost incessant diarrhœa, altered expression, unquenchable thirst, suppressed urinary secretion, extreme

prostration, harassing cramps, general coldness, blueness and flaccidity of the skin, and feeble, threadlike pulse. This aggravation constitutes the transition from the first to the second period,—from cholérine to cholera. This is the proper time for the employment of spirit. camph., a remedy which, by a lamentable misconception, has not been fully appreciated; some persisting in considering it a specific for all cases of commencing cholera, while others would reject it as absolutely inefficient. A word of explanation on this subject.

No doubt that, in advising spirits of camphor at the beginning of cholera, Hahnemann had regard, as he *always* had, to the homœopathicity of the medicine,—to the complete analogy which might exist between the symptoms proper to it, and the symptoms which in Germany, in Hungary particularly, characterized this stage of the disease; such as great anguish, undefinable uneasiness, vertigo, palpitations, anxious oppression at epigastrium, burning thirst, without much vomiting or diarrhœa, suppression of urine, *tonic* cramps, cold skin, commencing cyanose, extreme feebleness of pulse, &c. Administered under such circumstances, camphor provoked re-action, favored healthy transpiration, and arrested the progress of the disease. Such is the testimony rendered by every reliable report. But it often happens that the cholera does not commence in this way; that, for instance, vomiting and diarrhœa are the ruling symptoms, attended with *clonic* spasms, &c. as was the case in Marseilles during the epidemics of 1835 and 1837. Now, under these conditions, spirit. camph. has entirely failed, which should be expected, since it is not at all homœopathic to this state; and some of our German brethren, losing confidence, in consequence of its ill-judged application, wish to exclude this precious remedy from cholera therapeutics. Another very absurd pretence for its rejection has been advanced,—that its employment is an approach to the old school practice; that it is a hybrid

medicine ; in short, an attempt to allœopathize homœopathy.

An additional advantage in the use of camphor is the property, which it in a high degree possesses, of neutralizing the actions of medicines taken from the vegetable kingdom ; a precious property, when homœopathy is not resorted to until an advanced period of the disease, and after the patient has been subjected to allœopathic treatment ; or when he has been drenched with those sloppy infusions of worthless herbs which old women and nurses so greatly favor.

Second Period. — Confirmed Cholera. The effects of veratrum are admirable in confirmed cholera, when the patient is tormented by alvine evacuations and vomiting rapidly following one another, with a raging thirst which nothing can satisfy, hoarseness and even complete aphonia, hissing in the ears, excessive agitation, &c. Alone, it has often sufficed, even in the space of a few hours, to restore the seemingly dying to health. At other times, it is necessary to add cuprum, in consequence of the persistence of clonic spasms, and when the vomiting is accompanied by spasmodic contractions of the muscles of the chest, as if about to occasion suffocation. We should recommend, in such a case, an alternation of these two remedies.

When by these means an adequate re-action is not brought about, but, on the contrary, the symptoms increase in severity, — when the pulse grows more feeble and even imperceptible, with excessive anguish, principally in the precordial region, fear of death, rapid decrease of strength even to utter prostration, continual jactation, intolerable thirst, clammy, cold perspiration, coinciding with a sensation of burning internally, metall. alb. is an excellent remedy.

If there remains, after the vomiting has ceased, cramps and other spasmodic action, the alvine dejections continuing discolored, frequent, involuntary, accompanied by a sensation of burning in the stomach and intestines, secale is indicated ; and cicut. vir. if violent cramps in the chest supervene, with

rolling of the eyes, and repeated vomitings, while the diarrhoea is slight; also laurocerasus, when the patient complains of tearing pains in the limbs with giddiness, decided deafness, spasmodic contractions of the facial muscles, of the eyes principally, and constriction of throat in swallowing.

In a more advanced period, when the vomitings and diarrhoea have ceased, or nearly so, and there is a total absence of pulse, general numbness, almost paralysis, clammy sweat, with icy coldness of the whole body, even of the tongue and of respiration, congestion of brain and lungs, occasioning drowsiness with delirium, no medicine is more appropriate than carb. veg., inasmuch as, if it does not cure, it has the great advantage of reviving the nearly extinguished vitality of the organism, and rendering it susceptible to the action of a remedy too seldom employed, viz. hydrocyanic acid. The success which we have met with in these desperate cases by the use of hydrocyanic acid, at the time when the patient seemed in the agonies of death, with hypocritic countenance, convulsed eyes, motionless, pulseless, all the evacuations suppressed, nails livid, &c. induce us to recommend it strongly to practitioners. Given by us at first without success in high dilutions, we afterwards used it with the desired effect in the lower dilutions, as the second and third; administering, at short intervals, some globules or even a drop in a spoonful of cold water.

Third Period. — Re-action. When, by means of the treatment we have indicated, the progress of the cholera has been arrested, all active medication which might counteract the re-actionary impulse must be carefully abstained from, provided that this impulse does not pass certain limits; which too often occurs in those cases which have presented the gravest symptoms, or when the patient has made immoderate use of cold drinks or ice. The re-action is sometimes of such violent recoil, that it becomes necessary to resort to a dose of aconite to repress the orgasm which succeeds the depression of vital power. If, in spite of the aconite, a strong conges-

tion is established towards the splanchnic cavities, chiefly towards the head, which ordinarily occurs after the employment of opiates, and there is deep drowsiness, delirium, convulsed, half-opened eyes, burning heat and redness of face, pulse strong and accelerated, belladonna is given with advantage.

For the cerebral congestion, accompanied by coma, with stertor, intermittent respiration, suppression of evacuations, flushed, convulsed face, full, hard, rapid pulse, opium is the remedy.

The predominance of stupor, with irregular, often intermittent pulse, convulsive spasms, carphologia, continued diarrhœa, alternations of heat and cold, indicate hyoscyamus.

Finally, against the group of symptoms characterizing the typhoid state, no medicines are more appropriate than bry. and rhus, alternated at short intervals.

During convalescence, sulphur is found useful against the œdematous state of the extremities; chin. to remove the general debility; nux vomica, that of the lower extremities.

Such is the homœopathic treatment of cholera, in its whole and in its details. Of course, the very general precepts which have been afforded are not invariably applicable, for they are qualified, as above stated, by numerous individual modifications; for in cholera, as in other diseases, even the epidemics which offer the most uniform manifestations, we are seldom presented with characters so defined as those which we are obliged to assign to them for the convenience of description necessarily imperfect. They are offered as guide-marks, placed at different distances, to indicate the route which the traveller ought to pursue.

We conclude by giving the official statistics, reliable facts, better than volumes of mere assertions. The mean of mortality in France has been, under the homœopathic treatment, 9.84 per cent; while, in allœopathic practice, it stands at the fearful height of 51.31 per cent.

CASE OF POISONING BY CAMPHOR,

Communicated in a Letter.

From the "Homœopath. Vierteljahrschrift," Leipsic. 1st year, 2d No.

FOR more than two years I had been afflicted with nocturnal pollutions, and these of a peculiar character. I would awake suddenly from my first slumbers, with a tickling in the penis, the pleasurable sensation of which so overcame my reason, that I yielded to it until it ended in a seminal emission. This used to occur two or three times a week, resulting in a loss of tone in the system, both moral and physical. At the same time my conscience was unquiet, as my will, in a manner, mechanically participated in the misdeed.

I made use of many remedies. Incited by the writings of Raspail, I entrusted myself to a physician, who, according to the prescribed method, ordered the camphor mixture. In the latter period of the treatment, I began, for the sake of economy, to take the camphor by itself, in the yolk of an egg.

For many years I had been in the habit of employing my mind, during my hours of musing, in thinking upon questions of religious controversy. In the course of the last September, I had been for a week especially absorbed in the study of a little book, treating upon the preparation for the Lord's supper, and which was somewhat mystical in its character. Thus prepared, I went to the confessional. I passed the day in a state of perfect quietness, intellectual and spiritual, took a walk in the evening with some friends, and fell asleep while reading as usual, having first eaten a few grapes and some fresh bread.* After a few hours I

* The patient here states, that he purposely communicates all these minute details because he is not capable of judging what influence they may have had in causing the excitement of the subsequent night. As a physician and for physicians, I also consider it necessary to give them as reported by him. — *The Contributor.*

awoke, performed my devotions, and then, remembering that I had neglected to take my usual medicine, I swallowed a few bits of pure camphor. I again lay down, but almost immediately awoke with an indescribable feeling of uneasiness, and with an intolerable nausea, produced by the smell and taste of camphor. I could not lie still; as if I were insane, the thought seized upon me, "I am dead — no, I am not dead — and yet, indeed, I am." I rolled myself around like a top, without being sensible of any thing except a strong smell of camphor. The outer world had vanished; my thoughts were gone; one fearful idea alone remained; I believed myself transported to another world; all else was to me extinct. I arose, but every thing had indeed disappeared; I was alone in the great universe; nothing remained still in being except myself. My ideas of the world, of God, of religion, seemed to me to have existed only in my own imagination; the earth, upon which I had lived yesterday, had endured through its appointed time, and I was the end, the remainder, of the entire creation. I had no other consciousness than that of my never-ending perdition. Stretched upon my bed, *I regarded myself as the demon of evil in a world severed from God.* Every consolation, every hope, was gone; there was no longer a God here, or rather, God himself, like all else, had ceased to be. My misery was unbounded; time itself had finished its course; in short, I suffered at this moment an agony so frightful that no imagination can conceive of it. Who can picture to himself my existence as an evil spirit in a great void world, without hope or consolation, the heart rent with unutterable misery?

I rose suddenly from my bed, rushed to the window, and threw it open. It was a September night; nature was at rest, enlightened by the moon; and the stars were shining in the heavens. This sight increased my torment; I saw this extinguished nature, the heavens transparent and lifeless, the earth in a faint shadow — I could not endure the sight. The

sense of touch was gone; the eyes were starting from their sockets. For an instant I was urged to cast myself down, in order to fly through the fields of my demon-kingdom; but a weak glimmer of reason restrained me. I desired to weep; my eyes were dry, my hands no longer grasped any thing, I felt in my eyes no longer any moisture. I sought to pray; the words resounded in my breast as in a broken goblet, a fearful terror seized upon me, and I knew not whither to flee. I cried out, "So I am at length really dead; the hell, of which I have formerly thought, is no chimera; I am for ever fallen into it. And yet I was this morning absolved, and have no heavy sins weighing upon me." Now came over me doubts regarding my religious opinions; I had never been a very firm believer. Submissive to my condition of eternal condemnation, I recollect that I have in my closet a syrup (stomach-elixir); I seize upon it; but, O horror! my hand is insensible to the touch; my whole body is void of feeling, and dry as marble; I am conscious of no inward warmth. In ever-increasing terror I endeavor to recall the sense of feeling even by pain; I scratch the skin of my face and hands, but still feel nothing; I run to the chimney, and light my lamp; the light strikes my eyes, I come to myself, and the thought fills my mind that all can only be a dream, a terrifying night-vision; I let the light burn, lay myself down, and take a book, in order to drive away these frightful phantasms. Scarcely am I in bed, however, when the visions return, with a renewed desire to throw myself from the window. I arise, and sink down at last, with a loud cry for help, at the door of my neighbors. Man and woman rush out, and see my desperate condition; they wish to bring a cordial, but I cannot remain alone. In dread of some new misery, I grasp my neighbor, and hold him embraced with all my strength to prevent his leaving me. They gave me a couple of draughts of Moldau water*

* *Eu de Moldavie*, a favorite liqueur in France. — Contributor.

to drink, and nausea and an attempt to vomit follow. No one, as I was told the next day, could stay in my chamber, so intense was the odor of camphor: they, therefore, took me down stairs into the street, that I might breathe the fresh air, while they were preparing me some tea. The sight of the sky, the pale moonlight, brought back immediately those torturing fantasies. I press closely to my companion, and conjure him, by talking to me, to drive them away; but, being himself frightened by my situation, he is unable to converse upon any subject. We again go up stairs, and they give me tea to drink; I find it cold, though, as I was assured the next day, it was scalding hot. At length, violent vomiting came on, without freeing me from my monomania. They read to me; but I was not able to follow the ideas, because my own thoughts wholly absorbed my mind. After the vomiting, I began to be sensible of coldness, became rather more quiet, and was taken to a bed, where I fell asleep. In the morning I visited my chamber, the scene of my visions, in order, by the force of the will, to drive away my evil thoughts. I went to my office in the city, but the paroxysms returned; I again lost the sense of touch, my eyes seemed starting from the sockets, spasmodic movements of the head came on, and I could not warm myself. A physician ordered for me some quieting remedies. In the evening I went to the theatre; but the crowd, the music, and the play, could scarcely free me from my thoughts. What I have above related did not occur in a half-sleeping state; but every thing was so clear, so apparently real, and so vivid, that I distinctly remember the slightest circumstances. My suffering was not only far more intense than I am able to describe it, but had a duration that is inconceivable. As I lay stretched upon my bed as the demon of evil, suffering all the torments of a damned, God-abandoned soul, it seemed to me that an unlimited time, an eternity, was passing; and the most dreadful of my miseries was the feeling that I was wholly bereft of divine

protection, — of every comfort, every hope ; nothing, absolutely nothing, except a sense of eternal perdition, was left me.

Since this time, when alone in the evening, I am subject to similar terrors. Especially I am impelled to self-reflection, and then every thing external vanishes, and I regard myself as a spirit separated from all that is material ; *I am forced into these horrible self-reflections by my own thoughts, in spite of all the opposition of my will.* My nervous irritability has thereby become much increased ; I sleep little, and, contrary to my former habit, my rest is unquiet. The tendency to pollutions is greatly lessened, though I often awake tormented with night-mare ; I cry out, call for help, because it seems to me that a murderer is standing by my bed. I dare not drink either tea or coffee, lest the phantoms of that fearful night again appear to me ; I am then wholly unable to sleep at night. I have become extremely irritable and morose, with a tendency to despair and suicide. I am afraid to go to sleep. When I believe that I am about to fall asleep, sleep suddenly flees from me, my eyes open of themselves, and my thoughts are driven in upon myself, and upon mystical or profane subjects. It is, then, not mere fancies that torment me, but sensations without any earthly connections, my own I, my disembodied spirit. During the day, I am tolerably quiet ; only night and solitude terrify me. I possess sufficient faith and reason to be conscious that all is the result of bodily disease ; but there must be some remedy for this disease, and I am determined, at whatever expense, to free myself from this enemy of my peace that is undermining my existence.

April 25, 1847.

The above is the statement made by the unhappy patient to his physician, who had requested an exact and detailed account of this extraordinary case. *Veratrum album*, which was first used, after many fruitless attempts of alloëopathic physicians to relieve the sufferer, produced no change ; but,

under the use of *nux vomica*, &c. was so far benefited that the sombre ideas returned at night only from time to time ; otherwise the rest is good, except that there is difficulty in going to sleep. This is often to be effected only by the aid of reading. The general health is perfectly good, and the formerly despairing patient has now himself the firm assurance of ultimate entire recovery.

The effects here detailed of an overdose of camphor are of great interest to the pharmacologist, and in a marked manner confirm and establish our previous knowledge of camphor-symptoms. Though camphor has, for a long time, had the reputation of producing extraordinary effects upon the mind and spirit, yet the symptoms hitherto given by Hahnemann are not very characteristic, and are far from being so sharply defined as are those here described. Still we cannot fail to see, that in many things the two descriptions approximate and harmonize. Thus Hahnemann gives the following : "Confusion of thoughts and ideas ; loss of the consciousness of personality, and an ever wilder drive of thoughts ; loss of recollection and sensibility ; peculiar, intoxication-like, ecstatic spiritual excitement, &c." It is quite true, that, in the present instance, the monomania produced by the medicine found, in some degree, a predisposition, a favorable soil, in the mind of the young man, who had previously been inclined to religious, enthusiastic, and mystical contemplation. This, however, does not discredit the genuineness and originality of the symptoms, since a pre-existing disposition in the organism is essential to the production of any of these symptoms, and neither a medicinal substance nor a miasmatic or contagious materium can produce its full and characteristic effect upon the living body in which there is no antecedent tendency to be so effected, unless it is given in an absolutely overpowering quantity, whereby in any case is developed a form of disease, obscure, half obliterated, and only delineated by a few coarse dashes of the pencil. This is undoubtedly the reason why some

persons, in the proving of medicines, manifest, under the use of certain substance, very obscurely, if at all, the characteristic symptoms, though taken for a long time and in heroic doses, while the specific working of other substances appears very speedily.

Alike characteristic of the peculiar action of camphor in the case narrated are the subjective and objective coldness of individual parts, the inability to distinguish between cold and heat, and especially also the almost total loss of the sense of touch and feeling. These are manifestly the very symptoms which chiefly induced Hahnemann to recommend this remedy in the Asiatic cholera, since in this disease the prominent symptoms are the peculiar coldness of the skin, and the loss of sensibility and elasticity. It is often observed likewise, that cholera-patients, with an objectively cold tongue, cold mouth and palate, swallow, without any sensation of warmth, drinks that are so hot as almost to blister the parts which they touch.

Finally, the experiments should here be mentioned which Trousseau and Pidoux have lately made upon themselves, in order to ascertain the action of camphor upon the sexual appetite. After five decigr., pulse from 72 to 64, sensation in the mouth as after eating peppermint lozenges, and the same in the stomach; after twenty minutes, pulse 60, feeling like hunger in the stomach; after one hour, sense of coolness there, general comfortable feeling; after three hours, pulse again 72. The same symptoms, but in a higher grade, followed the use of one gramme. After 18 decigr. an agreeable coolness through the whole upper region of the body, especially in the œsophagus and stomach; after half an hour, pulse fallen from 72 to 60, slight faintness, the sense of coolness changed to that of sharpness and burning; after one hour, *an incomplete erection with weak venereal desire*, which soon again vanished. After two hours, the pulse fell to 56, the feeling of coolness gave place to an easily endured burning; after three hours, return to the normal condition, also as re-

gards the sexual organs. During the experiments, the breath smelt of camphor; but not the urine nor the perspiration.

Somewhat numerous experiments have also been made upon animals (Dr. Dieu at Metz, "*Annal. de Thérap.*" Mai, 1848), the results of which were briefly as follows: When 6-8 grammes dissolved in oil were given to a dog, he began to be uneasy after 5-12 minutes, froth came from his mouth, he made evident exertions to swallow, his step was staggering, he lay down; soon after, he arose in order to vomit, and again lay down; and this continued for 15 minutes, until there came on tremblings and convulsive motions with the head drawn backwards, with howlings and endeavors to run away. The foaming at the mouth increased, the eyes remained staring and motionless, the pupils dilated. After this convulsive stage followed a stage of faintness, the pulse and beatings of the heart being diminished in force and frequency, the nose cold, the whole body shivering as if with frost. To this followed new convulsions, with short subsequent quiet; and finally, amid constant convulsions, the difficulty of breathing continually increasing, death with the symptoms of asphyxia. During the course of such symptoms, there were ordinarily frequent vomitings, stools, and an abundant evacuation of urine. If the animal did not die, he recovered rapidly. Death generally occurred within three hours. If the camphor was given in a solid form, the symptoms were somewhat varied, being dependent upon its mechanico-chemical action upon the tissues of the stomach. The animal then moaned more, drank much, the breathing and circulation became more hurried, and death followed later, even after larger doses. If he recovered, the recovery was more gradual, he lost his appetite and liveliness, and evidently grew thin. When the camphor had been given in solution, dissection showed no material changes in the mucous membrane of the stomach and bowels. When given solid, there were ulcerations of the tunica interna of the stomach, with here and there dark spots as if gangrenous.

Many kinds of birds, when placed in the vapor of camphor, were affected with convulsions, epileptic symptoms, shown in a sort of drunkenness, or in deep sleep, or great disquiet; there appeared in them stertorous breathing, hiccough, frothing at the beak. Some had vomitings and purgings, and almost all died soon after the appearance of these symptoms. Dissection showed traces of inflammation in the most various organs. Frogs, placed under a glass with a small piece of camphor, became unquiet in 15 to 20 minutes, breathed with difficulty, and died with convulsive motions. Camphor-vapor is likewise fatal to many of the articulata, as crabs, ants, wasps, fleas, spiders, lice, *sarcoptes hominis*, &c. Moths, on the other hand, seem not to be affected by it.

COLD WATER A HOMŒOPATHIC REMEDY.

BY ISAAC COLBY, M.D. Salem, Mass.

WHEN the vital organism is violently assailed by any acute disease, the attack is usually first indicated by a sense of coldness, or shivering, of longer or shorter duration. The coldness may not always be very manifest, but is so nearly uniform in its appearance, that we may suppose it constitutes the first essential symptom of the attack. The coldness is usually followed by heat, succeeded by perspiration. This constitutes a regular paroxysm of fever, and shows the natural movement of the animal economy, when assailed by any hurtful agent. Special conditions or circumstances may interfere with a full development of the different stages of the paroxysm; but it does not disprove or turn aside the natural tendency to such development. The cold stage is probably the leading symptom, indicative of the impressions made by the hurtful cause; and the heat and perspiration that follow may at first be but a salutary action to throw off the attack. Often it is successful, and one paroxysm terminates the disease.

This shows the natural instinct of the animal economy ; and this instinct may be traced in all the forms of acute disease, and points to the true homœopathic process of cure. The reason why every attack is not thus speedily terminated by the dynamic power of the vital organism is, that the exciting cause has made a more formidable attack, and the power of re-action is not of itself sufficient to throw it off. The entire organism is invaded, the vital harmony deranged, and there is not sufficient power of re-action to put a stop to the progress of the disease. Here we need an agent that will powerfully impress the organism, and place it in a physiological condition analogous to that which constitutes the main features of the original attack, and in a manner that will secure a certain and energetic re-action. Cold water is precisely this agent.

Cold water is peculiarly adapted to nearly all sudden and grave attacks of the more acute diseases ; and, if efficiently applied, will wholly arrest or so modify the disease as to render it harmless. It is adapted to all congestive diseases. I use it in all cases of unusual severity. I apply it particularly in typhoid fever, pneumonia, croup, scarlatina, congestion and inflammation of the brain, dysentery in the early stage, spasms, &c. The earlier in the disease it is applied, the more effectual it proves.

It is necessary to pour the water on the head and shoulders, letting it run down over the body until the whole volume of circulating fluids is considerably reduced below the natural standard ; till some time after the pulse has ceased in the wrist, and till the patient trembles all over with cold. In the winter season it requires from fifteen minutes to half an hour ; in the summer season, from thirty minutes to three quarters of an hour. I have given the mode of application in detail, together with cases, on the 45th page of the present volume, which should be read in connection with these remarks.

Judging from past experience, I always feel safe in the treatment of almost any attack, however violent it may be,

if called before the disease has too firmly entrenched itself, and the dynamic power is too much overcome. I consider the application of cold water, thus applied, altogether safe. I have used it even in advanced stages of disease, where there was very considerable prostration of the vital power, but have never seen a case where warmth did not promptly return, without artificial heat (except sometimes a warm stone at the feet), or without permanent, or at least some temporary benefit.

I have used cold water with great effect in some mechanical injuries. In October, 1849, a man, several hours before I saw him, had turned his foot in, and sprained the ankle. The joint was very considerably swelled, red, and exceedingly painful, and sensitive to the slightest motion. He said he thought he had a three-month's job, and should be satisfied to be entirely cured in that time. He was directed to hold his foot in a bucket of cold water half an hour, then wrap it in blankets till re-action took place. After which, if pain returned, to repeat the same process, in the same manner, till the injury was cured. This he did several times during the first day. In less than three days, the ankle was perfectly well. Since that time, I have treated another sprained ankle and a sprained wrist in the same manner, and with the same prompt and decided effect.

ON CHRONIC BRONCHITIS.

BY DR. L. SCHROEN.

THERE is a difference between an acute bronchitis occurring in one who never before has suffered from an attack of the kind, and the exacerbations of such as are already afflicted in a slight degree with chronic bronchitis. This chronic state may succeed an acute bronchitis; yet it develops itself more frequently by degrees from catarrhal affections of the

respiratory organs, without a previous phlogosis of the bronchial mucous membranes. This form is, therefore, more frequently met with than Schönlein thinks; and Stokes is wrong when he states that the symptoms of cyanosis and the consequent color of the face are the surest diagnostic signs of the presence of bronchitis, as this disease has many grades, and many chronic catarrhs are nothing else than cases of chronic bronchitis in a mild degree. An individual affected in a slight degree with this disease may feel considerably comfortable, except during the period of exacerbation; his respiration, however, will always be somewhat oppressed and unusually audible; and he will be forced in the morning, after some slight coughing turns, to throw off a somewhat roundish, blackish-colored mucus, and will be troubled, especially at this time, with a raking burning sensation in the affected spot. In case the chronic inflammation has existed for some time, the state of health of the afflicted individual will of course be worse, even at the time of remission, in consequence of the gradually increasing disorganization of the mucous membrane of the bronchiæ, until finally no remissions of the disease will appear, and that state will develop itself which has been called *phthisis pituitosa*. However, this disease is not unfrequently for many years endured without reaching this height. Perfect recovery may occasionally take place. The exacerbation itself assumes the following form: Usually in the colder season of the year, when the dry north-east winds prevail, and then frequently upon an apparently slight cold, the so-affected individual, who is generally not very young, and whose chest on measurement presents a sufficiently large upper circumference of the thorax, will experience in one bronchus, and according to my observations mostly in the left bronchus, a sensation, as if the air would not pass there, and he attempts to open again the closed lumen of the bronchus by hawking efforts at coughing. Herein he succeeds; only, however, for a very short time; the respiration becoming more and more difficult,

although it is easy at the other bronchus. This compels the patient to bend his head and neck backwards, and draw in this position deep breath, while the respiration soon acquires a hollow, whizzing sound.

The patient has in the vicinity of that air-impediment, partly under the breast-bone, partly and especially when the smaller bronchiæ are more affected, at the side of the breast-bone 5-6" under the clavicle, a dull pressing sensation of soreness. On attempting to lie down, the oppression increases; and it happens, that, when lying upon the back as well as upon the sides, he respires with such difficulty that he is obliged to rise suddenly. If he succeeds in falling asleep at night, he will start up again after a few minutes from want of air; and this falling asleep and starting up is repeated very frequently during the first night of the exacerbation, until towards morning a light perspiration, with more quiet repose, succeeds.

Expectoration and cough here occur only when the patient tries to make the air-passages passable, and to bring air into the fine bronchial branches. The pulse is somewhat feverish, though not in all cases. On percussion, an abnormality of the organs is perceptible; the sound is clear and good; on auscultation, however, a sonorous respiratory murmur, intermixed with squeaking sounds, is heard at the affected part. If the mucous membranes in old cases are very much thickened and velvet-like, disorganized, then the percussion-sound is more dull. The respiratory noise passes, on the succeeding days, into a mucous rattling and squeaking, which can even be heard at the distance of several steps. Cough and expectoration increase; the sound of the cough is full, frequently rebounding, coming deep from the chest, occasionally passing into violent spasmodic paroxysms; while the glassy-looking matter, adhering in long pieces, is frequently expectorated in very large quantities. In the course of the exacerbation, it becomes less transparent, more dense, and occasionally, towards the end of the attack, real pus.

The microscopical examination shows, that this matter is mucus, mixed with epithelium-cells, as the epithelium of the diseased bronchias is thrown off. The expectorated matter in tuberculous phthisis is, under the microscope, granulous; while the one in question shows cellular formations, and has a homogeneous aspect. The attack terminates under critical conditions of the skin and urine: the mucous membrane, however, which was affected, does not easily return to its normal state. It assumes, on longer duration of the disease, a rough, velvet-like structure, and acquires even double its thickness; while it is, in slighter and particularly more recent forms of the disease, in various degrees injected red. Accordingly, as the bronchus or the bronchiæ of the right or left side are affected by this disease, does the place of the described sensation in the chest also change.

In case this disease develops itself in a high degree, and affects particularly the small bronchial branches, which by the thickening of the mucous membrane are obstructed, thus preventing the necessary passage of the air, then, of course, the sanguification is affected, and Stokes's cyanotic indication makes its appearance, which, according to him, takes place in all cases of bronchitis. The patients turn a bluish gray, having a livid and anxious look.

Before the physical method of examination was known, serious mistakes took place between high degrees of bronchitis and tuberculous phthisis, as the purulent sputa, also met with in chronic bronchitis, can, without microscopic and chemical examination, and without minute investigation of the state of the affected chest by percussion and auscultation, be taken for pus of the lungs. While I was studying at Erlangen, a resident physician, about sixty-five years of age, acquired a celebrity by his having had, between thirty and forty years, tubercular phthisis, and, notwithstanding this, was becoming old. Noble patients with chest-complaints from a distance lived with him, in order to learn the art of growing old, in defiance of tubercular phthisis. He was thin, like a

skeleton, walking but slowly with tottering steps. After having gone a short distance, he would sit down upon the threshold of a house, and throw up by coughing a large quantity of apparently purulent matter.

Before his death, he bequeathed his corpse to the institution for dissection, in order that the students might see with how small a portion of lungs life could be sustained, as he and others were of opinion that his lung had already been mostly expectorated. On dissecting the body, the lung was found to be entire, without excavations or any collection of pus; but the bronchial mucous membranes were disorganized and thickened. It was the form of a bronchitis chronica. Such a mistake would not now occur again. It is necessary, in the treatment of this disease, to distinguish the exacerbation from the still existing state of the bronchial mucous membrane. We will first speak of the exacerbation.

On the appearance of the same, at which time the affected bronchus and its mucous membrane begin to become inflammatory and dry, whereby pieces of phlegm adhere to its walls, and narrow or close the lumen of the canal, so that the patient has the sensation as if no air would go through the affected part; and the cause of this symptom, judging from his feeling, he attributes to a loosening of the membranes covering the bronchiæ, and at the same time a tickling sensation of dryness and pressure continued in the affected part, — there, *mercurius solub.* Hahn. proved by far the most efficient remedy. After I became acquainted with its efficiency in this form, I could in one individual almost wholly suppress the exacerbation, while the remedy in other cases always produced a great alleviation. The anxious dyspnœa, with the total absence of expectoration, passes off by its use in a comparatively short time. Aconite and belladonna I had formerly considered better adapted at the beginning of the exacerbation, but convinced myself afterwards that *solubilis* was the most efficient remedy.

In employing *solubilis*, it is beneficial to lay a warm poul-

tice, not too heavy (of cracker and milk), upon the affected part. I give of solubilis every three hours one grain, first trit. Whenever the patient can lie down again, in consequence of the removal of the dyspnœa, or its alleviation, and yet the cough nevertheless becomes spasmodic, even with symptoms of suffocation; then is bryonia very beneficial, especially as, by its application, the patient will be very much relieved by calming perspirations. Where bryonia is inefficient, under the same circumstances spir. sulph. will be effective, or both in alternation. Bryonia and spir. sulph. appear to be, after the removal of the dyspnœa, the best-adapted remedies to the paroxysms of this disease. The following symptoms of bryonia, No. 416, 407, 408, 409, 411, 424, 425, 427, 428, 430, 432, 435, 437, 452, 454, 458, will also point to its great usefulness in this form of disease in a physiological point of view, as in general the efficacy of bryonia in lung complaints seems to be unattained.

The symptoms, 555, 560—562, 566—569, 571—574, and especially 575—578, 582, and 583, 587—589, 599, and others of sulphur, speak for its usefulness in this disease.

If, however, under similar circumstances, the expectorated matter becomes bloody streaked, then spir. phosph. will remove this serious symptom, or alleviate it. The matter becomes now very copious, melting into a long glassy mass. The chest becomes somewhat freer, the coughing turns are still violent, as the air is prevented from entering into the air-cells, owing to the increased secretion of mucus. I have observed, that, next to sulphur, tartar emetic is especially beneficial in such cases.

While, in other processes of profuse secretion, stanneum is an excellent remedy, it is not at all adapted to this form, according to my experience. On its employment, anxiety, livid looks, dyspnœa, even apnœa, will follow. When the more violent inflammatory irritation in the bronchiæ has passed over, yet much secretion with epithelium in it still exists: when the patient feels weak, coughs still a good deal, with a

weakness in the chest, then I have found carrageen (Irish moss) very successful. It increases or decreases astonishingly cough and expectoration; the latter loses by its use the purulent aspect, becomes round and sometimes black streaked, like common bronchial mucus. Boiled with water to a jelly, the moss can be given by a teaspoonful two or three times a day. As it is, however, so very unpleasant to take, I prefer to boil a teaspoonful of the moss with a few cups of water, to sweeten the decoction with sugar, and order such a dose to be taken daily. It can also be boiled with milk; but it is unpleasant to take, and likewise becomes very soon sour.

By this stated treatment, I was frequently so fortunate as to see the exacerbation pass off, if the disease was not too much advanced and the mucous membranes of the bronchiæ not too much disorganized. We have yet to speak on the treatment of bronchitis chronica during the time of remission.

Above all things, a mild climate is to be recommended to those afflicted with chronic bronchitis. If a patient lives in an ungenial climate, it will contribute a great deal to his recovery to remove him to a warm climate, or at least to fix his abode in a warmly situated location. Next to this, warm clothing is to be recommended; in the cold season, flannel upon the skin, as the cold is his greatest foe, no matter if it affects the skin externally or internally by respiration. Warm feet. The use of whey in the best months might, in many cases, be very beneficial. There are many remedies applicable in this obstinate disease: their effect, however, is very doubtful, if the cure of deeply rooted cases is in question.

Beside those remedies already mentioned, especially bryonia, sulph. calcar. carb. is to be recommended, when the afflicted individual suffers with chronic dryness of the nose, constant looseness of the bowels with several evacuations a day, frequent hoarseness, with a dry, tickling cough, particularly at night. In older cases, where the matter emitted

is also during the remission yellowish and offensive, and great weakness troubles the patient, calcar. carb. will generally produce at least momentary relief.

Iodine. — A case of this kind I completely cured with iodine. The disease was, however, not very old, and the individual was still robust. The nightly want of air compelling him to sit up, had already become established. The young man had a scrofulous aspect, a thick nose, and an enlarged thyroid gland. He had in the left bronchus, especially in the morning, besides the pathognomonical symptoms, a sore sensation; first, dry cough in the morning, afterwards expectoration of glassy, sometimes gray sputa; and, every time he took cold, he experienced an exacerbation. I gave the first dilution every evening, twelve drops, with some sugar-water.

The following, moreover, deserve particular attention, according to my opinion, though not my experience: Ammonium mur., hepar. sulph., lycapod., and sepia.

Whatever internal remedies, however, are employed in chronic bronchitis, the external antispasmodic remedies cannot be entirely dispensed with (at least *I* cannot dispense with them). A vesicatory upon the affected part, kept open for some time, or a fontanel worn for a longer time, will essentially promote the cure.

PHARMACOLOGICAL NOTES.

BY DR. REIL.

From the "Homœopath. Vierteljahrschrift," vol. i. No. 2.

CHLOROFORM.

DRS. M. Martin and L. Binswanger, by their pamphlet entitled "Chloroform, in its action upon Men and Animals" (Leipsic, Brockhaus, 48), have furnished a valuable contribution to our knowledge of this medicine. The experiments

were made with great care, and upon animals of various classes, as frogs, birds, and quadrupeds, and also upon many healthy men. To these are added the results obtained by the operations of the editors, and the carefully collected experience of others.

If we gather together in brief the conclusions presented by the authors (p. 133), we shall have the following summary of the physiological and pathological modes and spheres of action of chloroform.

It acts in a manner analogous to sulph. ether, first upon the brain, and then upon the spinal chord; but its action is more rapid and energetic than that of ether, and at the same time more free from injurious secondary effects.

1. *Action upon the brain.* — Excitement, generally passing away rapidly, soon subsiding into stupefaction; in which, however, the will of the individual is evidently active. First contraction, then dilatation of the pupils; at last, entire inactivity of all the external sensibilities, so that even considerable injury to the nerves produces no reflex motion in the periphery. The *subjective* symptoms are coolness in the mouth, slight stinging and burning in the lips, inclination to close the eyes, weeping, sweetish taste, slight tendency to cough, want of breath, ringing in the ears, buzzing and rumbling in the ears like the noise of railroad cars or the striking of clocks, giddiness, floating images before the eyes, indistinct hearing, invincible lassitude, sleep commonly dreamless. *Objective* symptoms: Delirium, sometimes quiet, sometimes violent, low moaning, deep, snoring breathing, face seldom distorted, generally natural, and of a healthy, sometimes pale, very seldom livid color.

2. *Action upon the medulla spinalis* is manifested by tonic and clonic spasms, trismus, hiccough,* sighing, spasms resembling hysteria, especially in females, and total cessation of activity in the voluntary muscles. Sometimes involuntary stools, and cessation of uterine activity.

* Or *sobbing*; the word means both. — *Tr.*

Subjectively, the individuals are conscious of a general feeling of warmth flowing through the whole body; the sensation in the fingers and toes which is usually described by saying they are "asleep;" a desire to lay the head upon one side, to stretch the lower limbs, and to let the arms hang down.

At the same time there are observed a deeper and slower respiration, a constantly increasing retardation and weakening of the action of the heart and arteries to 36, 40, 45 pulsations, trembling of the hands and feet, total cessation of motion and sensibility.

If the action of chloroform is continued upon animals, there follow a constant diminution of the activity of the heart and lungs, convulsive twitchings of the extremities, a few deep inspirations, sometimes a cry of agony, *death*.

3. As regards the action of chloroform upon the blood, the authors have been unable to discover any visible change in the color of that fluid; but they express the opinion; that, in consequence of the retardation of respiration and of the circulation, the elimination of carbon and the absorption of oxygen are diminished, whereby the arterial blood is rendered similar to the venous in its character.

This is contradicted by the very thorough experiments made upon dogs by Dr. Gruby.* He examined blood drawn before and after the administration of chloroform, from the *vena jugularis externa* and the *vena cruciales*, and also from the carotid and crural arteries, with the following results:—

1. The *arterial* blood, *after* giving chloroform, was *redder* than, or at least quite as red as, before.

2. The *venous* blood *afterwards* was *bright red*; *before*, *black*.

3. The *venous* blood *afterwards* was *redder* than the *arterial* blood *before* giving chloroform; even redder, indeed, than the *arterial afterwards*.

* Comptes rendus, No. 6, 7; Feb. 1848.—Froiep's N. Notiz. No. 137, vii. 5, p. 67.

4. The medium *quantity* of chloroform employed was half to two drachms. The *time* of inhalation until the appearance of evident effects, half to five minutes. The *mode of exhibition* consisted in pouring the chloroform upon a pocket handkerchief folded in funnel form, and gently inhaling the vapor with mouth and nose.

5. *Pathological anatomy*: Cerebral and nervous systems quite normal, without any traces of congestion either in the membranes or tissues. Heart and large veins filled to excess with loose, fluid, fibrinous, dark blood, especially the right side of the heart; the blood itself sometimes smelling of chloroform, but always soon becoming of a lively red when exposed to the atmosphere. Lungs void of blood, of a pale rose-red. Mucous membrane of the respiratory organs sound, and of all the other organs also, except that, when the chloroform was given *per os*, there were slight traces of inflammation in the mucous membranes of the mouth, œsophagus, and stomach.

In what manner our knowledge of the physiological action of chloroform may be turned to practical account it is not so easy to decide. It is true that there are many pathological conditions which correspond to the different stadia of chloroformismus, as syncope, psychical affections, diseases of the heart, typhous symptoms; but such generalities are not sufficient to indicate its use.

In psychical diseases, especially English physicians think it has no curative power, but only a transient, quieting influence; and the same is said regarding its effect in epilepsy.

We may use it with more hope of good results in *delirium tremens* (it has been thus employed successfully already by Simpson), and in *eclampsia parturentium*.

Chloroform is evidently serviceable — though not perhaps according to the principles of the Homoion — in very painful affections, especially in neuralgia, as experience has taught us in numberless instances.

As for the rest, we must give up this powerful agent in a great degree to the surgeon, while we gladly owe to it our sincere thanks for its Lethean power.

OUR RELATIVE POSITION.*

By DR. G. M. SCOTT.

IN order to form a correct estimate of our relative position, it is necessary to understand and appreciate not merely the characteristic features of our own class, but also those of others to which we are in any way related; and, as every class is liable to those changes which time and experience cannot fail to introduce, it is well occasionally to review our position actual and relative, to discover what is essential, what is accidental — wherein our differences are real, wherein verbal — how far our language is accurate, how far loose and slovenly — how far our practices assimilate, or may assimilate — how far they differ in fact, or by necessity. In attempting which, with a candid and liberal mind, we doubt not that we shall find many more points of coincidence than we were at first disposed to expect.

The essential characteristic of the Homœopathic School is singly and simply the adoption of a *Law* of treatment applicable to all forms of disease, expressed by the words *similia*

* With this, the closing number of the second volume, we intended to give a concise view of our position. But, as we had much to repeat, what we have already on different occasions expressed, we preferred to copy the above article from the July number of the "British Journal of Homœopathy;" where it will be seen, that our views respecting our relative position as homœopathists and physicians are not individually enjoyed by us, but also by a great portion of the homœopathists of the present day. In almost all the homœopathic journals now published in Europe, we met of late similar expressions; and we do not think we go too far by asserting, that the progressive or rational school of homœopathy is conscious of and united in its object, and zealous in its prosecution. — Eds.

similibus curantur : this we conceive to be the whole distinctive Creed. All questions of the constitutional character or origin of disease, the magnitude of the dose, its mode and frequency of administration, &c. are subordinate and accidental, however materially they may affect the issue of practice. It is this only that we should acknowledge as the point of attack and defence, as in certain countries, when men rehearse the Creed, they draw their swords to intimate that for it they would peril their lives, though it may be that for the practical or theoretical observance of any one article of the decalogue, they might prove somewhat less impregnable. Minor questions we may settle (or unsettle) among ourselves; this only is the cry that we should carry without the camp, and our position is safe only so long as we confine ourselves to this narrow and well-marked ground; whenever we parade the superiority of our practical results, we assume an attitude altogether different, and make the cause to hinge on the doubtful and unsatisfactory standard of comparative statistics, the value of which, in medical questions, we believe, every reflecting and candid man will place at a very low point. By confining ourselves strictly to this characteristic feature, and by protesting against the substitution or addition of any other, we are left more free in our practice, and we can more easily repel the charge of inconsistency. A physician accustomed to give his medicine in the form of globules is accused of unsteadiness to his principles, if he be observed to give it in tincture, and of utterly forsaking them, if by any chance he should send a prescription written "more majorum" to an ordinary chemist's, though it may be strictly homœopathic to the disease he is treating. But such an accusation is the result of ignorance, and can be repelled only by a reference to the one characteristic feature essential to the school; while it cannot be repelled, but must be admitted, if, instead of or in addition to "*similia similibus curantur*," we adopt as our motto "*multum in parvo*," or any other badge of distinction. This determined adherence to

the essential characteristic point facilitates also professional intercourse with physicians of different schools, — an object most urgently to be cultivated. In reality, they are continually practising homœopathy with greater or less accuracy ; and, if we presented to them nothing more repulsive than a theory of the *modus operandi* of medicines, the wall of partition would be very slight, and medicines would come to be adopted according to their established use, as we see was the case in several instances by the late Mr. Liston, at the suggestion of Dr. Quin ; a result, perhaps, not so certainly secured, had the latter gentleman informed his friend, with much righteous indignation, that he was murdering all his patients, and that he would continue hopelessly to do so, until he purified the whole hospital of all medicinal influence beyond globules of the 30th dilution. Possibly it would have been a great step in advance to have accomplished this purification ; but it was no contemptible step to have placed aconite and belladonna in their true relation to erysipelas, even in the crude form of administration ; nor is the advantage lost by our supposing that Mr. Liston adopted them without any belief, or even with a positive disbelief of what we hold to be the true law of their operation. One good seed was sown ; and its fruits, we little doubt, have already proved highly beneficial.

The school, then, whose principles we maintain, is correctly and adequately designated *homœopathic* ; this word comprising a fair, though condensed, translation of its essential characteristic. The term *allopathy*, with all its cognates, should be abolished as not expressing the meaning it intends : *allo pathos*, another suffering, is nothing distinctive — homœopathy is allopathy, as far as it is not homopathy ; it implies *another* though similar suffering. Allœopathy, or suffering of another or dissimilar kind, is the more correct term, meaning that there is no presupposed relation between the symptoms of the disease and the pathogenetic symptoms of the appropriate medicine. Enantiopathy

is still more definite, signifying that there is a relation of direct opposition between these several symptoms. But it is hardly fair to designate any physician or class of physicians by any of these terms, because none have assumed them to themselves: on the contrary, we apprehend, they would rather repudiate them, for the reason that they do not profess to have adopted any theory of the *modus operandi* of medicines as their law of practice; and it is not just to give a class-name to one who may wish to act independently of any class; still less to select for him a term the import of which he may utterly reject. It is true that physicians commonly speak of using aperients to remove constipation, of tonics to give strength, of stimulants to rouse the powers of nature, &c.; but these terms merely indicate the end kept in view, that of removing the existing malady, which is, of course, the same in all schools. We conceive, therefore, that there exists no name by which to designate the general body of physicians, as distinguished from homœopathists; and, except for convenience' sake, it is well that there should be none. It is rather to be regretted that others should have so quietly (not to say, ostentatiously) assumed a distinguishing name: perhaps it would have been better, had none ever been adopted. At present, however, it exists; and we must wait till the happy time foretold by one of the supporters of the proposed hospital in London shall have arrived, when, *all* physicians having become homœopathists, the *word* shall be swallowed up by the reality.

Let it be understood, therefore, that homœopathists, as such, stand in relation of *opposition* to no school whatever, for this plain reason, that *no* school has propounded any law in opposition to that on which *their* school is founded. We cannot stand in opposition to that which has no existence; and since no school, except that of Hahnemann, is built on any expressly propounded law, to no school can that be in opposition. For as they are not in opposition to the (so called) allopathists, because they have propounded no con-

tradiictory law of cure as the basis of their practice, neither for the same reason are they in opposition to the hydropathists (a term which we may use without scruple, notwithstanding its etymological inaccuracy, because it is adopted without hesitation by those whom it is intended to designate). They advocate the very extensive and variously modified use of one powerful agent: few of the more intelligent maintain its *exclusive* use; and here, so far from *opposing*, we may surely unite with them; for if *one* medicine alone is to be retained, certainly the preference is justly due to water. It is only when, instead of a *universal law*, they substitute a *universal remedy*, that they appear to be in opposition; and even here it is only in appearance, since theoretically it might be maintained that the universal *remedy* wrought in obedience to the universal *law*. And thus we repel the charge of one-sidedness, if we object to the ultra-hydropathist, that he says hydropathy is every thing, while we say that homœopathy is every thing: the distinction lies here, that *he* maintains the all-sufficiency of one *medicine*, we maintain the all-sufficiency of one *law*. If we say that homœopathy is every thing, we by no means intend that any or all of those who practise according to that method can cure whatever is curable, nor yet that, in its present state, homœopathy discloses all the curative powers of nature. We only mean, that one law, designated homœopathy, pervades every curative process of nature, however extensively or however partially the law may have been applied. We may, individually, have practised for many years, laboring diligently to submit ourselves to the law, and yet, for want of some requisite power of discrimination, we may have failed to effect a good result, and still we may hold fast our faith that herein lies the law, and that nature cannot fail, however blind may be her votaries. And further, if we relinquish our faith in *this* law, yet, from the whole analogy of nature, we may remain convinced that there is one and only one law of healing, whether discovered or not: if we come to the

conviction that homœopathy is *nothing*, we may still remain assured that something else is *every thing*, as explained above; but we are satisfied that *that something* will be a *law*, and not a *medicine*.

Such language, then, as the following appears to be wholly incorrect: "The unhappy sufferer, having exhausted all the resources of allopathy with various temporary results, was induced to try homœopathy, from which he received decided benefit; but his cure was completed by a well-directed course of hydropathic treatment." Now, if, by "all the resources of allopathy," be intended a great variety of heterogeneous prescriptions, it is likely enough that he derived no great advantage from such multifarious treatment; but it is also probable that during the process he "tried homœopathy," *i. e.* that the medicine suited to a variety of his symptoms had been administered; and it is also likely, that, in "trying homœopathy," he came in for a fair share of allopathy, for what physician is not guilty of many errors in selection? While, moreover, if we admit the law of cure to be really and essentially *one*, we shall, no doubt, perceive that it was involved in the crowning and successful application of water, in which case he again "tried homœopathy," and found it efficient. In any other view the statement amounts to this, that "he tried" a law of nature with very partial success, and then "tried" that which is not a law of nature with complete success.

We are, then, not in opposition to any known school; we are not a half-way stage between allœopathy and hydropathy; we are not called upon to renounce the advantages or to undermine the credit of one or another; neither are we *mere* eclectics, meaning by that term the professors of an "*omnium gatherum*" of all and sundry means and appliances held by no law of unity, "*rudis indigestaque moles*." We are simply the maintainers of one very definite law of healing; a law which does not demand the faith either of physician or patient in order to its operation, but which will operate wherever it

finds opportunity, whether in the prescription of an allopathist (if we must keep the phrase), obstinately denying its existence; or of a homœopathist, implicitly obeying it; or of a hydropathist, not thinking about it; or of a village dame, culling her simples by the light of tradition unimpeded by the cross-lights of science. The gun will explode in the hand of a child no less readily than in that of a man; and if, by *accident*, it be adjusted for a given mark, it will carry to it no less certainly than if it had been carefully poised by the most accomplished engineer.

And so we are prepared without inconsistency to adopt every fresh emanation of truth under whatever name, however grotesque it may present itself. In kinesipathy, we find wholesome gymnastics regulated on physiological and anatomical principles, and we are free to adopt all that it has to yield; if people are parched into health on the one hand, or soaked into health on the other, we may look on with interest to the close, simply waiting the result, and content to receive what experience can establish, but ever on the look-out for the impress of truth, the indication of each varied and opposite process falling under one common law. Here, as everywhere, emancipation arises from bondage; sectarianism is destroyed by exclusiveness; we are emancipated from all fear of inconsistency, all trammels of routine by submissive bondage to a *law*, not to a *method*; we are delivered from sectarianism by surrendering ourselves exclusively to one only law pervading all sects, so far as they involve the truth; a law, therefore, which often, while it works undivided, operates unseen.

Our relation, then, is that of opposition to none, of bondage to none, of obligation to all. We hold ourselves absolutely free (or rather imperatively bound) to avail ourselves of every possible method of healing disease; carefully rendering to all men their due; honor to whom honor is due; honor for pathological research; honor for diagnostic skill; honor for scientific attainment; honor for successful treat-

ment; though we are forbidden by common sense to suppose that any one *can succeed* in virtue of any other process than a conscious or unconscious submission to an unchangeable law of nature.

Thus we stand towards the *present*. To the *past* our relation is *implemental*. We may listen to each school, and, according to the force of their several arguments, embrace or reject them without affecting our consistency as homœopaths; but to the whole we *add* this feature of a *law of cure*, which none of them has either advocated or opposed. To the *future* our relation is *initiative*: what has been done is to lay a foundation; what remains to do is to raise a superstructure. If we be based on truth at all, it is of this nature: it is not merely an additional, isolated truth, but it is fundamental and prolific; as the seed of the one year has been ripened by the seasons of the past, and is to yield the harvest of the future, so do we reckon this (as every universal) law of nature, when discovered, to prove implemental to the past, and initiative to the future. And it is also gratifying to feel assured, that another grand result of every such discovery is that of mutual approximation, though it may be preceded by an increase of controversial acrimony; as the universal acquiescence in the Newtonian doctrines was not attained without an expiring remonstrance from the schools, which by them were silenced. We are still but “as children gathering pebbles on the shore;” it behoves us, then, by all means to help each other in the search, and especially to avoid those childish quarrels which have proved, in every department of science, so detrimental to real and well-secured advancement.

THE MEDICINAL EMPLOYMENT OF ELECTRICITY.

BY DR. TERZI.

THE Italian *scienziati* and *medichi* have, from the period of Galvani and Volta to the present time, devoted much attention to the investigation of the agency exerted upon the animal frame by electricity, both in a physiological and therapeutical point of view. Dr. Terzi, in the first portion of his paper, furnishes an account of the results which have been derived from the labors of Puccinotti, Fario, Berrutti, Botto, Bellingeri, Malinverni, the illustrious Matteucci, and many others who have written upon the subject since the observations made upon it by Müller, in his *Physiology*, rendered a reconsideration of it requisite. For this, however, we have no space, and must content ourselves with a brief notice of the author's own contribution.

His mode of employing electricity varies with the object he has in view, and to produce a chemical or chemico-dynamic, rather than a dynamic action, he employs Volta's, Wollaston's, or Daniell's pile; and the more intimately he desires to effect the chemical organism, the smaller is the pile, and the fewer elements does it consist of, so that a very feeble current is induced. This mode, he says, is further advantageous by enabling us to introduce into the economy certain medicinal substances appropriate to the nature of the case, by suspending them in, and uniting them with, the conducting fluid employed. When he wishes to produce an almost exclusively dynamic action, he prefers the cylindrical machine or Leyden phial.

In cases of sensorial paralysis, in which the skin has lost its tactile sensibility, he brings the conductors into immediate contact with it, and directs the currents from the lower to the superior parts; this being the direction in which the sensorial impressions operate. In those of motor paralysis, he carries the currents into the substance of the muscles, by transfixing

these with fine steel needles, which are then brought into inter-communication with each other, and with the conductors, by means of a delicate wire, and the current directed from above downwards. In order sometimes to produce a temporary perturbatory effect, the direction of the currents is reversed. One advantage of this electro-acupuncture is the facility it affords of especially operating upon certain muscles, instead of upon the fleshy mass at random. Thus, accordingly as the flexors or extensors may have become inert, the needles are passed into either, and movements of flexion or extension induced. These movements can be maintained during a brief period, the muscles undergoing an almost tetanic contraction, and palpitating as it were under the electric influence. When the continuous current is furnished by a very small number of elements, and directed to the extensor muscles of a limb, whose flexors are powerfully contracted, this contraction temporarily disappears, the limb remaining very flexible in all directions.

Dr. Terzi relates several cases in detail, in some of which a complete cure, in others amelioration, was procured. We may mention the chief particulars of some of these. The first was a case of *paraplegia, with atrophy of the muscles of the legs, and ankylosis of the tibio-tarsal articulations*, and occurred in the person of a girl, æt. 19, who had been first seized about six months before with difficulty of deglutition; the whole of the voluntary muscles after a while became paralyzed; and notwithstanding active antiphlogistic, revulsive, and antispasmodic treatment, little amendment ensued. At the commencement, some *engorgement* of the medulla was supposed to exist; but, however this might have been, when the author was desired to undertake the electrical treatment of the case, he regarded it to have assumed the intensity and conditions of a primary neurosis, in obedience to his physiological views, which lead him to believe that the nerves participate in the possession or generation of that power, at all events under certain circumstances, of which they are

usually merely the conductors. This induced him to encourage the patient by a sanguine prognosis. He considered the indications of treatment to be threefold: (1.) To obviate by frictions, and well-regulated gymnastic movements, the atrophy, as far as it depended upon inaction and impaired circulation. (2.) To stimulate separately the activity of the spinal marrow, and of the nerves of the lower extremities, by a gentle current or slight shocks. This was effected as regards the medulla by passing a long needle between two of the vertebræ at the upper part of the spine, and another between two at the lower, and bringing them into inter-communication with each other and the pile, connecting the positive pole with the upper needle. For the limbs, a greater number of needles were passed into the substance of the muscles. (3.) To bring the respective parts into a unison of action, by directing shocks rather than a current from the spine towards the limbs, previously connected by needles. He commenced with a very feeble action, produced by a few pairs of plates, adding to the conducting fluid strong infusion of arnica and valerian; and, as he desired an increase of activity, augmenting the number of plates, and adding vinegar to the infusions, until he reached fifty pairs of large plates. When the electricity was employed in the form of a gentle current, the sittings lasted forty minutes, but when shocks were arrived at, only thirty minutes; and, at every sixth or seventh day, a day or two of rest was allowed. It is a painful procedure; but the girl, full of courage, bore it well, and was rewarded by perfect cure. The steps are too long to detail; but we may state, that, after forty days, the treatment was suspended (though great improvement had been achieved) on account of the coldness of the season, to be resumed again in the summer; when, after twenty-five other applications, the cure became complete.

The *second* case was one of very recent *hemiplegia*, occurring in a man æt. 35, a subject of pellagra. He was treated for a supposed hyperæmia of the cerebro-spinal axis

without benefit, and then submitted to Wollaston's pile for about a month, which sufficed for his complete restoration. This case confirmed Professor Mariannini's view of the great efficacy of electro-acupuncture as a means of acting on the *morale* of the patient; for the man previously, in deep despondency, now conceived the highest hopes of cure, which doubtless co-operated in its production. The third case was one of *facial paralysis*, coming on in a man (æ. 30) given to venery, and preceded by disturbance in the head. After antiphlogistics and derivatives had been tried in vain, the conductor from the positive pole was brought in contact with the skin, sometimes at the angle of the jaw, and sometimes at the external meatus; that attached to the negative pole, sharpened into a fine point, being carried in the direction of the paralyzed muscles. Slight but frequent shocks were thus transmitted, during half an hour, for fifteen days, soon after which all traces of disease disappeared.

A case is detailed to show the efficacy of electricity in *constipation from intestinal paresis*. It occurred in the person of a lad (æ. 11), who also suffered from glossoplegia, and a paralysis of nearly all the voluntary muscles of the trunk and limbs. Defæcation was sometimes involuntary, and at others only producible by violent drastics. In spite of the best treatment, the paralysis had been stationary for some years. When the author saw him, he had not had a stool for fifteen days, and all purgatives were vomited and glysters returned. With the view of exciting the suspended peristaltic movements, the conductor from the positive pole of a pile was brought in contact with the tongue, and that from the negative, previously covered with a thin piece of cloth, carried into the rectum. The patient could not tolerate the sensation in the rectum until the pairs of plates had been reduced to eight, when a current was passed in for twenty minutes. Very obvious movements were induced in the abdomen, and were followed by pains, but no stools. Repeating the galvanism next day, very severe pains were excited in ten

minutes; and, by the aid of a glyster, an abundant discharge of fæces procured.

Besides the above, he relates four cases of *hemiplegia*, with *glossoplegia*, in which great amelioration was produced, but not a cure, in consequence, apparently, of an insufficiently long perseverance on the part of the patient. In two other cases of *hemiplegia*, no amelioration resulted. In both, the paralysis followed severe attacks of apoplexy; and the author's experience agrees with that of others, in demonstrating that, when the brain has been seriously and primarily compromised, and the use of electricity long delayed, the progressive improvement and improvement and complete cure obtainable in other cases is never to be expected.

A case of *bronchocele* was likewise successfully treated by electro-acupuncture. The number of plates employed amounted to from sixteen to twenty; and, upon the intervening discs of cloth, moistened in acid or saline solution, a little *tinct. of iodine* was dropped. The tumor at first became painful, and increased in size, but soon after diminished. In two cases of *nervous amaurosis*, he tried the effect of continuous currents, as recommended by Professor Finella, but with no conclusive results. — *Bulletino delle Scienze Mediche*, ser. 3. tom. xv. pp. 176 and 308.

TO CORRESPONDENTS. — We regret that we could not publish the communication from Dr. C. of Maine, as we do not wish to excite any unfriendly feelings in our midst, and desire therefore to avoid, as much as possible, unnecessary polemical discussions. We hope Dr. C. will not misunderstand us.

NEW HOMŒOPATHIC MEDICAL COLLEGE. — We learn that a new College has been established in Cleveland, Ohio.

The homœopathic professorship in the Eclectic College, Cincinnati, Ohio, has been discontinued.

BOOKS RECEIVED.

British Journal of Homœopathy. April and July, 1850.

Homœopathische Vierteljahrschrift. By Dr. C. Müller and V. Meyer. Leipzig, 1850. Drittes Heft.

AMERICAN PUBLICATIONS.

An Address delivered before the Rhode Island Homœopathic Society. By A. Howard Okie, M.D. President of the Society.

Principles of Homœopathy. In a Series of Lectures. By B. F. Joslin, M.D. New York: Wm. Raddé, 322, Broadway, 1850.

PUBLISHER'S NOTICE.

The present number completes the second year of the "Quarterly Homœopathic Journal." It was commenced with the object of laying before "the American reader, scientific and practically useful articles, selected from the current literature of the day in Germany and France," as well as "contributions from physicians at home." Most of the articles translated from the German were written by the ablest writers and practitioners of that country, and it is believed are of standard value to the homœopathic practitioner.

The work was commenced with no very sanguine expectations as to profit, and on this point we have not been disappointed. The work was commenced, and has been carried on, both by the editors and the publisher, as a labor of love to the cause; the support not being quite equal to the expenses. We are therefore ready to stand aside, and leave the field to others; or, if it is desired that the work should go on, we shall expect an offer of patronage equal to the cost of publication.

ERRATA.

Page 480, line 11 from the bottom, erase "not."

„ 494, last line, read *four years* instead of "two years."

I N D E X.

- Administration of Remedies, p. 16
 Ætiology, 60
 Annual and Diurnal Periods, 65
 Autumn and Evening, 68
 Atmosphere, the, 72
 ,, Constituents of the, 75
 Air, Bad, 76
 Atmospheric Pressure, 79
 Arsenic, New Method of Detect-
 ing, 287
 Arsenic, Effects of, 512
 Action of Medicines illustrated, 347
 American Institute of Homœo-
 pathy. Small's Address, 394
 ,, Proceedings of the, 417
 ,, Report of Phila. Branch, 423
 ,, of New Jersey ,, 443
 ,, of Mass. Fraternity, 463
 ,, of Treasurer, 464
 ,, Names of Members, 464
 American Journal of Hom. 467
 Aconite, Effects of, 516
- Books received, 288, 476, 581
 Black Night Shade, 355
 Boëninghausen on Psorin, 385
 Bronchitis, on Chronic, 557
- Cold Water a Homœopathic Re-
 medy, 555
 Camphor, Case of Poisoning by, 547
 Cholerine, First Period, 542
 Cathartics, Emetics and, 477
 Croup, Cure of, 390
 Coffee, Effect of, 354
 Cholera, Statistics of, in Vienna, 296
 ,, in Bangor, 285
 Correspondence, 278
 Contagion, 218—37, 365
 Calomel, Experiments with, 3
- Colby, Dr. J. on Cold Water in
 Disease, 45, 555
 Cases treated by Water, 45
 ,, by Dr. Maly, 52
 Camphor, Effects of, 522
 Chemistry, Uses of, 209
 Carditis, 52
 Cardialgia Intermittens, 57
 Cause of Disease, 60, 218, 364
 Cold, Operation of, on the Organ-
 ism, 60
 Cold, Heat and, Sudden Transi-
 tion of, 63
 Climate, Influence of, 70
 Congregation of Many Persons in
 a Room, 76
 Cow-pox, Influence of, 97
 Cholera, Report on, 137, 427, 431,
 463
 Cholera, the, and its Treatment, 374
 ,, Statistics, 424, 463
 ,, Dr. Sollier's Treatment of,
 532
 ,, Alloëopathic ,, 534
 ,, Confirmed, 544
 Chloroform, Dr. Reil's Pharmaco-
 logical Notes on, 564
- [of, 1
- Drug Atoms, Medicinal Activity
 Dysentery, 124
 Deaths by Cholera in Boston, 143
 Diet and Regimen, 201
 Dispensaries in London, 313
 Dispensaries in England, Ireland,
 and Scotland, 315
 Disease as a Cause of Disease, 368
- Eclectic Institute of Cincinnati, 279
 Encephalitis, 257
 Electricity, 28, 73

- Eclecticism in Medicine, 36
 Essay on the Homœopathic Principle, 207, 336, 502
 Erysipelas, Case of, 380
 Emetics and Cathartics, Employment of, 477
 Electricity, Medicinal Employment of, 576

 Frost, Dr. J. H. P. on Hygiene, 10
 Fever, 116
 Fathers, the, in Medicine, 287

 Greislich, Dr. on the Use of Remedies, 16
 Greislich, Dr. on the Olfaction of Remedies, 197
 Gastritis, 58
 Gersdorf, Dr. on Erysipelas, 380

 Hygiene, Material, Mental, and Moral, 10
 Hahnemann on the Use of Remedies in Water, 16
 Hahnemann on the Use of Remedies Externally, 18
 Hahnemann on the Simultaneous Use of Remedies, 23
 Hernia Incarceratæ, 86 [103
 Homœopathy in Acute Diseases, Hahnemann Academy of Med. 142
 History of Medical Science, 145
 Hahnemann's First Essay on the Hom. Principle, 336, 207, 502
 Homœopathy in Germany and England in 1849, 241, 289
 Homœopathy in England, 285, 307
 Hooping Cough, Remedies in, 243
 Hydrophobia, Case of, 265
 Hom. Medical College of Pa. 281
 Homœopathic Associations in New York and Rhode Island, 475
 Homœopathy, or Law of Life, 60
 Homœopathy a Liberal and Progressive Science, 473
 Homœopathy the Science of Specifics, 480

 Insolatio, 56
 Influence of Men on each other, 83
 Influence of Old and Young Sleeping together, 85
 Inflammatory Brain, 89
 Ireland, Mission to, during the Famine in 1847, 103
 Intelligence, 131, 281—8, 467
 Injection of Drugs into the Blood-vessels, 213
 Inflammatory Brain, 257
 Intermittent Fever, 260
 Itch Matter, 385

 Koch, Dr. A. W. on Cause of Disease, 60, 218, 364
 Kidd, Dr. J. on Acute Diseases, 103

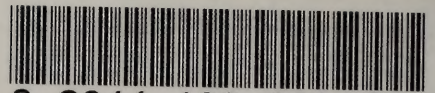
 Light, Effect of, 4
 Letter to W. Hooker, M.D. 31
 Land and Water, 82
 Leidbeck, Dr. on Small-pox, 92
 Latta, Rev. Dr. *versus* Homœopathy, 131
 Lobethal's, Dr. Address, 139
 List of Graduates and Matriculants of Pennsylvania College, 282
 List of Faculty of „ 285
 Law of Cure, 403
 Letter from Dr. J. Jeanes, 427
 „ „ Dr. C. B. Matthews, 431
 „ „ Dr. W. S. Halmuth, 434
 „ „ Dr. W. Williamson, 435
 „ „ Dr. R. Gardiner, 439
 „ „ Dr. J. Kitchen, 340
 „ „ Dr. James Berens, 441
 „ „ Dr. J. B. Pethridge, 443
 „ „ Dr. J. R. Andrews, 445
 Lead, Effects of, 511

 Medicinal Activity of Drug Atoms, 1
 Matthews, Dr. C. B. on „ 1
 Mesmerism, 29
 Mathes, Dr., Letter to Dr. Hooker, 31
 Marsh Air, 77

- Measles complicated with Bronchitis, 90
 Mercury, Effects of, 512
 Medicinal Employment of Electricity, 576
- New York Acad. of Medicine, 141
 Neidhard's, Dr. C. Lectures, 241, 289
 Nature of Infection, 364
 Names of Members of the American Institute of Homœopathy, 464
- Olfaction of Remedies, 197
 Observations of the Effect of Medicines, 322
 Opium, Effects of, 510
 Our Relative Position, 568
- "Physician and Patient," Remarks on, 31
 Putrefaction of Vegetable Matter, 77
 Practical Communications, 86, 257
 Psychical Causæ Morborum, 370
 Psorinum — Itch Matter, 385
 Proceedings of the American Institute of Homœopathy for 1850, 417
 Payne, Dr. W. E. on Emetics and Cathartics, 477
 Poisoning by Camphor, 547
 Pharmacological Notes, 564
- Ramsbothom's Case of Hydrophobia, 265
 Remedies, Administration of, 16
 „ External Application of, 18
 Remedies, Simultaneous Employment of, 23
 Remedies Derivative, 25
 Rosa's, Dr. S. Lecture, 145
 „ „ Letter, 279
 Relation of Homœopathy to other Systems of Medicine, 171
 Rademacher's Empiric System, 173, 318
- Rapou, Dr. on Cholera, 374
 Reil, Dr. on Chloroform, 564
- Strychnine, Experiments with, 3
 Silex, 4
 Spring and Morning, 67
 Summer and Noon, 69
 Schweikert's, Dr. Practical Communications, 86
 Small-pox, 92
 Statistics of Hom. Cures, 126—9
 Sisters of Charity, Austrian, 253, 293
 Schweikert's, Dr. J. Communications, 257
 Small's, Dr. A. E. Address before the Am. Institute of Hom. 394
 Snow, Dr. on Water, 446
 Syphilis, Nature of, 508
 Sollier's Treatment of Cholera, 532
 Schroen, Dr. on Chronic Bronchitis, 557
 Scott, Dr. G. M. on Our Relative Position, 568
- Telluric Influences, 72
 Typhus Abdominalis, 250
 Tobacco, Specific Properties of, 361
 Thorn Apple, 360
 Turrell, Dr. on Croup, 390
 Terzi, Dr. on the Medicinal Employment of Electricity, 576
- Uncertainty of Medical Knowledge, 35
 Ulcers, Indolent, 247
 University of Vienna, 289
 Vienna, Homœopathic Physicians of, 299
- Water, External Application of, in Disease, 45
 Water, Manner of applying, 50
 Winter and Night, 69
 Winds, Nocent Influence of, 80
 Weather, the, 82
 Water as a Therapeutic Agent, 446

3 gal

86



3 2044 103 001 731

